



ARMY MEDICAL DEPARTMENT CENTER AND SCHOOL

Operational Architecture

Health Care Delivery in a Theater of Operations

AMEDD-OA-002

Army Medical Department Center and School

Health Care Delivery in a Theater of Operations

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**OVERVIEW AND
SUMMARY
INFORMATION
(AV-1)**

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Health Care Delivery in a Theater of Operations

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AV-1 Overview & Summary Information

IDENTIFICATION

Name: Health Care Delivery Operational Architecture (AMEDD-OA-002)

Architect: Medical Information Systems Office, Directorate of Combat and Doctrine Development

Date of Development: September 1999 – June 2000

PURPOSE

This operational architecture establishes the baseline inter-nodal information exchange requirements anticipated for the delivery of health care to individuals in a theater/area of operations in the year 2010 timeframe. It is consistent with the evolving Force XXI operational concepts, to include the Medical Re-Engineering Initiative (MRI) force structure that will be digitized under Force XXI, as well as the Initial Brigade Combat Team (IBCT) and Interim Division (IDIV) concepts, each considered during its development. It is anticipated that this architecture will prove to be useful to multiple organizations, as represented below in Figure 1, and serve as a key input to several activities as depicted in Figure 2.

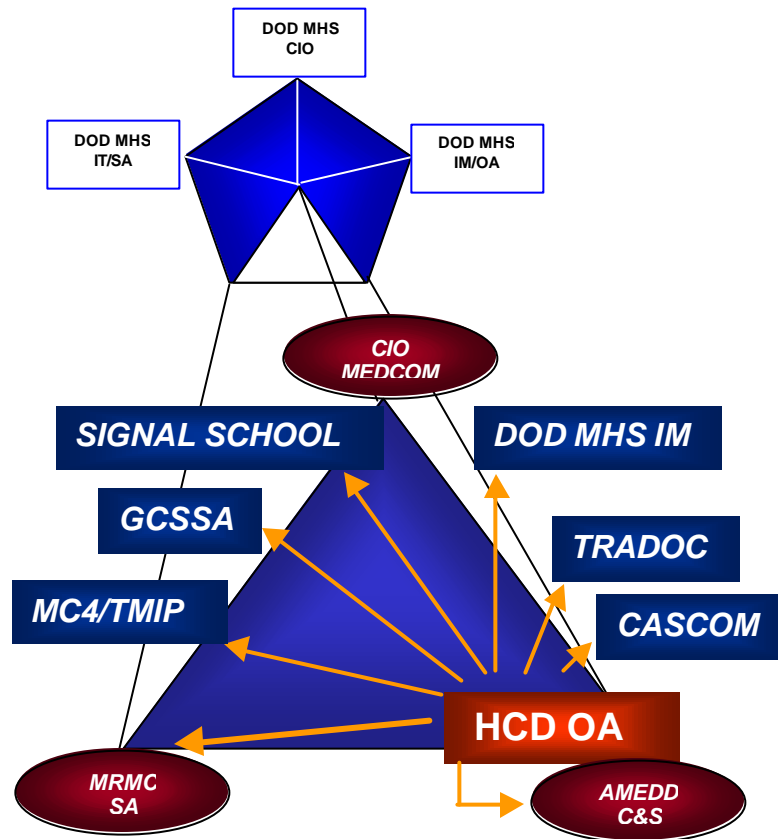


Figure 1. Organizational Stakeholders

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Products resulting from the AMEDD OA endeavor comprise the operational architecture view. They are represented in the center circle of Figure 2 by example outputs such as Information Exchange Requirements (IERs) and the Operational Node Connectivity Description (NCD).

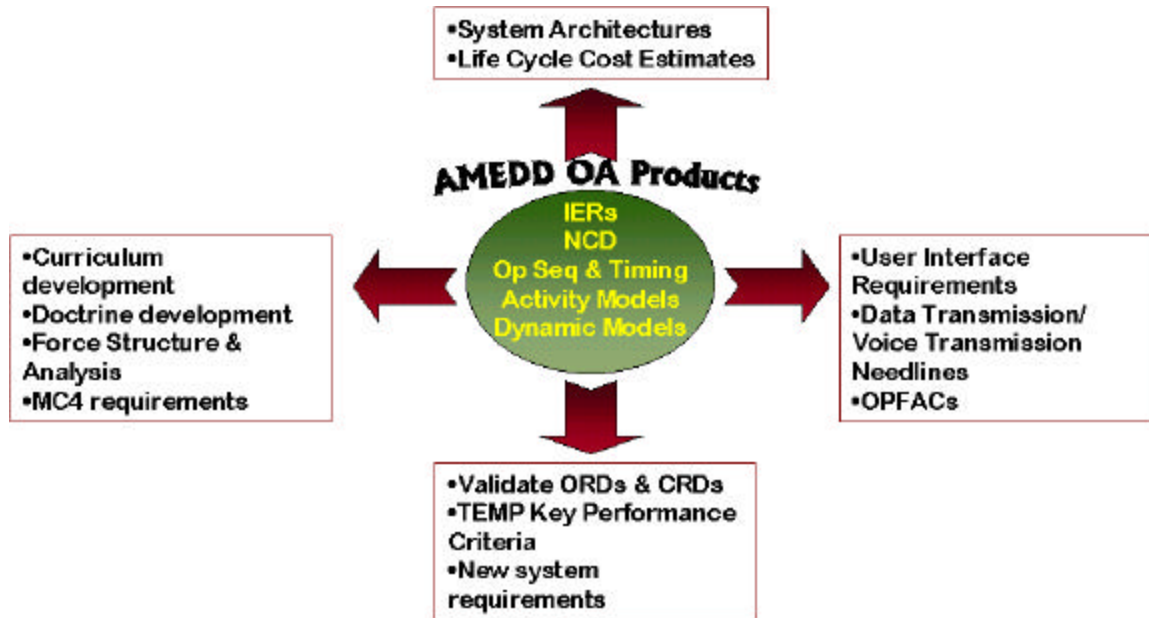


Figure 2. Anticipated Uses of the Operational Architecture View

SCOPE

This architecture describes the operational concepts, command relationships, activities, and information exchange requirements between operational elements composing a Health Care Delivery (HCD) system in a theater/area of operations in the year 2010 timeframe. This "To Be" architecture is described, in accordance with the Command, Control, Communications and Computers, Intelligence, Surveillance, and Reconnaissance (C4ISR) Architecture Framework (Version 2.0) and the AMEDD Operational Architecture Guide, through a set of standard products as identified below.

- **Essential**
 - Overview and Summary Information
 - Integrated Dictionary
 - High-Level Operational Concept Graphic
 - Operational Node Connectivity Description
 - Operational Information Exchange Matrix
- **Supporting**
 - Command Relationships Chart
 - Activity Model
 - Operational Sequence and Timing Descriptions

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This operational architecture does not depict a particular organization, model or force structure nor does it reflect the internal information exchanges of operational elements. In addition, the movement of resources and equipment between processes is not modeled—only the information required to enable their movement. Activities not requiring information within the scope and viewpoint of the architecture are not reflected. Because this is a “To-Be” architecture, mechanisms, controls and organizations may still be under development and not yet formally documented.

CONTEXT

The purpose of the theater Health Care Delivery (HCD) system is to conserve the fighting strength in theater by maintaining the fitness of the force. The HCD system begins with the recognition that an individual needs health care and continues through the arrival and care of the individual at a point capable of an appropriate level of care. An individual, for the purposes of this architecture, includes both humans and non-humans (e.g., military working dogs) which may be represented by a biological specimen or a collection of information about the human or non-human (e.g., the individual's medical record). The objectives of the HCD system are to minimize the effects of injury, illness, and excessive stress; maximize return to duty; or prepare casualties for medical evacuation. These objectives are accomplished by providing state of the art medical care across the operational continuum and compatible with the medical structure in the area of operations.

The defining characteristic of the HCD operational area, one of five operational areas in the Army Medical Department's comprehensive operational architecture, is the interaction between a health care provider and an individual. Therefore, it consists of those measures necessary to acquire, assess, provide care and effect disposition of individuals in need of health care. As such, the HCD operational area encompasses six Combat Health Support (CHS) functional areas identified in TRADOC Pamphlet 525-50 (medical treatment, hospitalization, dental, combat stress control (CSC), laboratory, and veterinary). Medical treatment, a subset of hospitalization, is restricted to outpatient and holding care. Hospitalization however, expands to include the care of individuals on an inpatient basis. While the dental and CSC functional areas include the same aspects of care as does medical treatment/hospitalization, their focus is maintaining the dental fitness and behavioral health respectively of individuals in their care.

Finally, although the CSC, laboratory and veterinary functional areas are primarily addressed in the Medical Force Protection operational area, all activities required in the delivery of health care to an individual are included in this operational area. Examples of health care activities include the rapid reversal of dysfunctional stress reactions (battle fatigue) (CSC); clinical laboratory processes necessary to support the delivery of health care (laboratory); and the delivery of health care to US government-owned and/or indigenous animals (veterinary). Non-health care related activities such as the detection and confirmation of chemical and biological agents (laboratory), or food hygiene and safety for food source and storage facilities (veterinary) are not addressed here but in the Medical Force Protection operational area.

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The AMEDD must be able to provide an integrated and effective Health Care Delivery system to a theater/area of operations across the operational continuum. This HCD system (including processes, equipment and systems) must have the capability of performing in nearly all environmental conditions and over all terrain conditions. Additionally, all HCD processes must be able to exchange information with supporting and supported units as well as with the medical information infrastructure. Therefore, this will ensure medical units possess the capability to maintain situational understanding while providing essential mission/patient care information to non-medical elements or agencies.

This portion of the operational architecture will be integrated with the other four operational areas to form the domain operational architecture view for the AMEDD encompassing the spectrum of medical activities across a theater of operations. Subsequently, the AMEDD theater domain OA view will be integrated with the AMEDD OA view developed for the sustaining base yielding a comprehensive AMEDD operational architecture view. Throughout its development, this architecture will also be integrated with and show linkages where required to other architectures within the Army (e.g., Combat Support and Combat Services Support architectures) as well as with other services' (e.g., Air Force medical evacuation system) and agencies.

The following reference sources were used to develop this architecture:

- Subject Matter Experts:
 - COL Anita Schmidt Hospitalization
 - COL James Stokes Behavioral Health
 - COL Barry Moore Dental
 - LTC Priscilla Hamilton Dental
 - LTC Earl Grant Laboratory
 - LtCol Darrell Duncan (RAAF) Hospitalization/Treatment/Telemedicine
 - LtCol Steve Rudzki (RAAF) Hospitalization/Treatment/Telemedicine
 - MAJ Robert Pugh Treatment
 - MAJ Mark Bohannon Veterinary
 - MAJ Bill Hogan Medical Operations
 - MAJ Toni Jackman Patient Administration (PAD)
 - SFC Jose Maldonado Patient Administration (PAD)
- FM 8-10, Health Service Support in a Theater of Operations, 1 Mar 91
- FM 8-10-1, Tactics, Techniques, and Procedures for the Medical Company, 29 Dec 94
- FM 8-10-3, Medical Platoon Leader's Handbook Tactics, Techniques, and Procedures, 16 Nov 90
- FM 8-10-5, Brigade and Division Surgeon's Handbook Tactics, Techniques, and Procedures, 10 Jun 91
- FM 8-10-7, Health Service Support in a Nuclear, Biological, and Chemical Environment, 22 Apr 93
- FM 8-10-10, Theater Hospital (MRI), Final Draft, October 1999
- FM 8-10-14, Employment of the Combat Support Hospital Tactics, Techniques, and Procedures, 29 Dec 94

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- FM 8-10-16, Army Medical Information Operations, 3 Sep 98
- FM 8-10-18, Veterinary Service Tactics, Techniques, and Procedures, 22 Aug 97
- FM 8-10-19, Dental Service Support in a Theater of Operations, Final Draft, April 1999
- FM 8-10-24, Area Support Medical Battalion Tactics, Techniques, and Procedures, Initial Draft, Medical Reengineering Initiative Version, April 1998
- FM 8-10-25, Employment of Forward Surgical Teams Tactics, Techniques, and Procedures, 30 Sep 97
- FM 8-42, Combat Health Support in Stability Operations and Support Operations, 27 Oct 97
- FM 8-43, Combat Health Support for Army Special Operations Forces (Final Draft), August 1999
- FM 8-51, Combat Stress Control in a Theater of Operations Tactics, Techniques, and Procedures, 29 Sep 94
- FM 8-51, C1, Combat Stress Control in a Theater of Operations Tactics, Techniques, and Procedures, Change 1, 30 Jan 98
- FM 8-55, Planning for Health Service Support, 9 Sep 94
- FM 100-10, Combat Service Support, 3 Oct 95
- FM 101-5, Staff Organization and Operations, 30 Sep 97
- FM 101-5-1, Operational Terms and Graphics, 30 Sep 97
- FM 100-5, Operations, 14 Jun 93
- Army Universal Task List, 23 Jun 99
- CJCSM 3500.04A, Uniform Joint Task Listing, Ver 3.0, 13 Sep 96
- TRADOC Pamphlet 525-5, Force XXI Operations, 1 Aug 94
- TRADOC Pamphlet 525-50, Operational Concept for Combat Health Support, 1 Oct 96
- Operational Concept, Combat Health Support Operations, Casualty Care and Management, 29 Jul 99
- Operational Concept, Combat Health Support Operations, Combat Stress Control (CSC), with hand revisions (COL James Stokes), 6 Sep 96
- AMEDD C&S Director of Combat and Doctrine Development Information Briefing: Medical Reengineering Initiative: Combat Health Support of Force XXI, Briefing to LTC James G. Solomon, 2 Feb 98
- AMEDD C&S Director of Combat and Doctrine Development Briefing: Combat Health Support Force XXI Division Redesign, by MAJ Brown, 10 Sep 98
- AMEDD C&S Director of Combat and Doctrine Development Briefing: Medical Reengineering Initiative: Combat Health Support of Force XXI, Briefing to Gen. Schwartz, 22 Sep 98
- AMEDD C&S Director of Combat and Doctrine Development Briefing: Division Combat Health Support, not dated
- AMEDD C&S Director of Combat and Doctrine Development Information Paper: Level 1 & 2 Combat Health Support under Force XXI, 6 May 97

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FINDINGS

During the process of developing this operational architecture view, a number of observations were made. These observations can take on several forms but in general represent areas of concern that the analysts feel require additional consideration.

1. **DOCTRINE:** The architecture identifies the need to conduct tele-consultations from a single requesting operational node to multiple consultant operational nodes. This was based for the most part on the availability of specific specialties that are anticipated to be present at different operational nodes. Tele-consultations can be expected to result in an increase in workload as well as communications demand at the consultant operational node. **Recommendation:** To ensure the appropriate placement of manpower and communications resources, doctrinal definition of the destination for tele-consultation requests should be considered and destination selection based upon requesting provider preference should be discouraged.
2. **DOCTRINE:** The introduction of tele-medicine capabilities into the theater of operations enables the provider at all levels of care the capability to have access to information to support an increased depth of diagnosis. If not controlled, this increased capability can result in an increased demand on manpower and communications resources. **Recommendation:** To ensure efficient use of manpower and communications resources, it is important that the extent of diagnostic activities be defined for each level of care and that it be consistent with the training of the medical providers, manpower assigned, and provision of medical equipment.
3. **DOCTRINE:** The architecture introduces the need to accomplish several types of tele-medicine, i.e. asynchronous tele-consultation, synchronous tele-consultation, and request for relevant health information. These capabilities can be expected to place an increased demand on communications resources that even in the best of times can be expected to be limited within the TOE environment. **Recommendation:** Doctrinal guidance on the type and priority of tele-medicine events needs to be developed coincident with the system capability to ensure the efficient use of fielded resources.
4. **ORGANIZATION:** The architecture identifies the capability to conduct tele-consultations between a wide variety of operational nodes. Consultations, in general, have the effect of increasing the manpower resources needed to support a single episode of care, i.e. requires the time of a consultant as well as that of the requesting provider. The manpower resources provided to a theater of operations are likely to be limited. **Recommendation:** The impact of supporting tele-consultations should be considered during the provisioning and distribution of manpower as well as inter-nodal communications resources to TOE units.
5. **TRAINING:** The introduction of increased synchronous tele-consultation/mentoring capability may allow the accomplishment of health service procedures by medical providers not currently expected to perform these procedures. **Recommendation:** The training of medical providers needs to be consistent with the increased expectations of care to be provided.

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6. MATERIEL: The architecture introduces the capability to access historical medical information far more easily by a wider range of providers than is currently possible. This capability brings to issue the need to restrict certain types of medical information from being reviewed by unauthorized providers. **Recommendation:** The systems developed to implement the architecture should have the ability to designate and control access to specific types of medical information by provider privilege.
7. MATERIEL: The architecture introduces the capability to exchange some very bandwidth-intensive information between operational nodes that will very likely place a heavy demand on the systems designed to implement the architecture in the time period associated with this architecture. **Recommendation:** High-bandwidth demand health care scenarios should be very closely evaluated with respect to operational need and overall impact on health service outcomes prior to being identified as system requirements.
8. MATERIEL: The 2010 health services concept stresses a modular concept for operational elements. In this concept, treatment teams, dental teams, and behavioral health teams are envisioned to operate independently or combined into larger squads or companies. When operating independently each team will have it's own information infrastructure and utilize a dedicated local database structure (standalone environment). For efficient use of resources when operating as a squad or company it would be best for each team to use a common database (networked environment). This would allow a single individual to have an encounter with any provider regardless of team assignment and to have information resulting from all encounters available to all providers. **Recommendation:** That systems intended to support the 2010 concept of operations be capable of operation in either a standalone or network environment and be capable of transitioning between the two operating modes.

TOOLS AND FILE FORMATS

- | | |
|--------------------------------|----------------------------|
| • <u>Tools</u> | <u>File Extension</u> |
| Microsoft Office™ 97 | |
| - Word | .doc |
| - PowerPoint | .ppt |
| - Excel | .xls |
| - Access | .mdb |
| bPwin™ 2.5 | .bp1 |
| netViz™ 3.0 | .net |
| • <u>Products</u> | <u>File Name</u> |
| 1. Overview & Summary | av-1 hcd.doc |
| 2. AMEDD Integrated Dictionary | AMEDD-OA-AV-2(10-3-00).mdb |

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<u>Products (continued)</u>	<u>File Name (continued)</u>
3. High-Level Operational Concept <ul style="list-style-type: none">- Graphic- Narrative	ov-1 hcd.ppt ov-1 hcd.doc
4. Operational Node Connectivity Description	ov-2 hcd.net, ov-2 hcd.cat, ov-2 hcd.ppt
5. AMEDD Information Exchange Database <ul style="list-style-type: none">- Guide to Interpreting the Scenario Analysis Matrix- Health Care Delivery Scenario Analysis Matrix	AMEDD-OA-OV-3(10-03-00).mdb Scenario Analysis Matrix, Guide.doc ov-3 hcd (Summary).xls
6. Command Relationships Charts	ov-4 hcd.ppt
7. Activity Model	ov-5 hcd.ppt, ov-5 hcd.doc ov-5 hcd.bp1
8. Operational Sequence & Timing Description	ov-6 hcd.ppt, ov-6 hcd.doc ov-6 hcd Basic Encounter.bp1 ov-6 hcd Tele-Consultation (Synchronous).bp1 ov-6 hcd Tele-Consultation (Asynchronous).bp1 ov-6 hcd Enroute Care.bp1 ov-6 hcd Lab Consultation.bp1 ov-6 hcd Remote HS Referral.bp1

**INTEGRATED
DICTIONARY
(AV-2)**

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(AV-2) Integrated Dictionary

Name	Definition	FA	Category
"To Be"	Indicates that the operational architecture represents a desired future state.	HCD	TOE
A2C2	Army Airspace Command and Control Section	EVAC	TOE
A2C2 Overlay	A generic name for graphically oriented information that depicts the airspace situation.	EVAC	TOE
A2C2 Plan	The Army Airspace Command and Control plan coordinates the efficient employment of airspace users to accomplish the ground commander's mission.	EVAC	TOE
AA	Air Ambulance	ALL	TOE
AA Co	Air Ambulance Company	ALL	TOE
AA CO (Aaslt)	Air Ambulance Company (Air Assault)	ALL	TOE
AA Tm	Air Ambulance Team	ALL	TOE
AC	Model activity	ALL	TOE
Account for Patient Movement Items	To inventory, exchange and replace the medical equipment items involved with casualty movement.	EVAC	TOE

Name	Definition	FA	Category
Acquire Individual	Administrative actions associated with the 1) registration of an individual (capture of demographics), 2) screening/verification of their eligibility for care, 3) scheduling of the individual and required resources for required health services, and 4) administrative actions necessary to initiate the health service encounter. May include the inventory and control of personal and organizational items in possession of the individual. May require unit personnel to transit short distances in order to collect patient (e.g. receipt and transport of a patient from the medical evacuation system.)	HCD	TOE
Acquire the Casualty	To determine the location of a casualty, move to that point and prepare the casualty for movement.	EVAC	TOE
Acquired Casualty	A casualty that has been located and acquired by the relevant treatment provider.	EVAC	TOE
Acquisition Results	Documentation of information resulting from the introduction of an individual into the health care delivery system with the intent of providing a health service. This may include 1) individual identification and demographics, 2) identification of the date, time and location of the encounter, and 3) other none clinical information required to describe the circumstances of the encounter (e.g. flight information for evacuation patients, ward/bed assignment, doctor assignment, etc).	HCD	TOE
Actual Performance Information	Information gathered as the result of activities performed during a health service encounter. Data includes information about (1) the outcomes of interventions or care; and (2) asset performance effectiveness. This information includes ancillary information resulting from a health service encounter such as provider workload data or medical equipment status.	HCD	TOE
Administer Maintenance Support	Coordinate supporting intermediate maintenance for additional maintenance of organic vehicles, aircraft and avionics equipment.	EVAC	TOE
Administer EMT	Emergency medical treatment required to return the soldier to duty or stabilize the patient for transport to a medical treatment facility.	EVAC	TOE
Administer Logistics	The planning and execution of activities that acquire, move, distribute, store, maintain and dispose of materiel and acquire and furnish services.	EVAC	TOE
Administer Personnel	Supervisory and administrative functions regarding the personnel assigned to the operational element or unit.	EVAC	TOE

Name	Definition	FA	Category
AECC	Aeromedical Evacuation Control Center	ALL	TOE
AELT	Air Evacuation Liaison Team	ALL	TOE
Agreements	Agreements with host nations, non-government organizations, other services (Interservice Agreements), NATO Forces, or United Nations that may impact on theater operations.	HCD	TOE
Air Amb TM, corps	Air Ambulance Team, Corps	ALL	TOE
AIS ID	Connectivity attribute: Automated information system (AIS) identification. The AIS that is the source of the information exchange requirement	ALL	TOE
Alt Service Type ID	IER Connectivity Attribute: Secondary means of conveying information	ALL	TOE
Ambulance Team	The ambulance team is the crew of either a ground or air ambulance depending on the tactical situation and location of the casualty on the battlefield.	EVAC	TOE
Ambulances Available	Air or ground ambulance units available to the patient movement system supporting that particular level of health care.	EVAC	TOE
AMEDD	Army Medical Department	HCD	TOE
AML	Area Medical Laboratory	HCD	TOE
Animal Surgical Team	A health care delivery node representing a geographically separate health care facility comprised of multiple providers and possessing a capability to provide animal care on an inpatient basis. Capable of both receiving/viewing as well as generating diagnostic imagery. Possesses limited organic tele-medicine capability.	HCD	TOE
ANSI	American National Safety Institute	HCD	TOE

Name	Definition	FA	Category
AO	Area of operation	ALL	TOE
Append Medical Record	Document the medical encounter and capture relevant physiological, exposure , personal and demographic data.	EVAC	TOE
AR	Model arrow	ALL	TOE
Area Comm Surg	Area Command Surgeon	ALL	TOE
Area HQ	Area Headquarters	ALL	TOE
Arrange Encounter	Schedule individual visits to receive some form of health care intervention, taking into consideration the customer's availability, severity of need, health care staff availability, facilities, transportation requirements, and any required materiel.	HCD	TOE
Arrange Individual Transportation	Orchestrate transportation of individuals to other locations for needed health care services.	HCD	TOE
ASB	Area Support Battalion	ALL	TOE
ASBPO	Armed Services Blood Program Office	EVAC	TOE
ASF	Aeromedical Staging Facility	EVAC	TOE
ASM DET	Area Support Medical Detachment	ALL	TOE
ASMB/C	Area Support Medical Battalion/Company	ALL	TOE
ASMC	Area Support Medical Company	ALL	TOE

Name	Definition	FA	Category
ASMS	Area Support Medevac Section	EVAC	TOE
Assess Evacuation Request & Clinical Factors	The clinical and operation assessment of the factors that will impact on the safe transportation and ultimate treatment of the casualty at a unit capable of appropriate level of care.	EVAC	TOE
Assess Individual	The process of medically evaluating an individual to obtain pertinent information; formulating a decision regarding the individual's health condition(s), including the development of a diagnosis, based on this information; and determining a treatment plan to include any diagnostic requirements. A medical evaluation may include interview, visual, or physical examination as well as accessing available medical history and ancillary information per the immediate medical and tactical situation.	HCD	TOE
Assess Mission Requests & Tactical Situation	The integration of all available command guidance and known planning factors to execute a medical evacuation mission synchronized with the activities of the supported units and units providing combat service support to the medical system.	EVAC	TOE
Assess Planning Factors & Mission Drivers	The integration of all available command guidance and known planning factors to effect a medical evacuation plan synchronized with the plans of the supported units and units providing combat service support to the medical system.	EVAC	TOE
Assessment Results	Documentation of clinical information resulting from the assessment of an individual. This may include 1) symptomatic information; 2) objective data (including diagnostic results); 3) Diagnosis, and 4) Health Service Orders associated with the care plan.	HCD	TOE
ASTM	American Society of Testing Materials	HCD	TOE
ASWBPL	Armed Services Whole Blood Processing Lab	EVAC	TOE
Asynchronous Tele-Consultation	A deliberation with a specialist at a geographically separate location concerning the diagnosis or treatment of a patient where the participants are not simultaneously involved in the interaction. The interaction is typified by a store-and-forward activity rather than a real-time or near real-time exchange of information between participants.	ALL	TOE

Name	Definition	FA	Category
Audio(Voice)	Presentation of information using the sense of hearing. This includes voice as well as other sound producing phenomena, e.g. heartbeat.	HCD	TOE
Audio/Text	Presentation of information is allowable using either or both Audio(Voice) or Text(Data) formats.	HCD	TOE
AUG	Augmentation	HCD	TOE
AV-1	DoD Architecture Framework reference for Overview and Summary Information product	ALL	TOE
Aviation BDE	Aviation Brigade	EVAC	TOE
AVIM CO	Aviation Intermediate Maintenance Company	EVAC	TOE
AVUM Plt	Aviation Unit Maintenance Platoon	EVAC	TOE
BAS	Battalion Aid Station	ALL	TOE
BAS GRD AMB TM	Battalion Aid Station Ground Ambulance Team	EVAC	TOE
BDC	Blood Donor Center	EVAC	TOE
BDE	Brigade	ALL	TOE
BDE Flt Coord Ctr	Flight Coordination Center (Brigade)	EVAC	TOE
BDE S3 Air	Brigade A2C2 Element	EVAC	TOE

Name	Definition	FA	Category
Beds Available	Beds available to the patient movement system supporting that particular level of health care.	EVAC	TOE
Behavioral Health Team	A health care delivery node characterized as a mobile health care team comprised of multiple mental health providers and supported by a dedicated vehicle. Provides no inpatient or holding capability. Include organic capability to generate diagnostic imagery (diagnostic quality video).	HCD	TOE
BH	Behavioral Health (see also MH and CSC)	HCD	TOE
BI	Battle Injury	HCD	TOE
Blood Spt Det	Blood Support Detachment	EVAC	TOE
BN	Battalion	ALL	TOE
BSMC	Brigade Support Medical Company	ALL	TOE
BSS	Brigade Surgeon Section	ALL	TOE
C4I	Define the vision, mission, goals, cultural values, strategies, objectives, policies, and standards for the CHS, developing and promulgating long-range as well as immediate plans that influence the execution of CHS functions. Identify high-level resource requirements and the existing and target health status of the beneficiary population. Provide unit administration required to support the execution of health services activities.	HCD	TOE
Call for Fire	Request for fire support to suppress enemy activity.	EVAC	TOE
Call for Support	Request for combat support and combat service support.	EVAC	TOE

Name	Definition	FA	Category
Care Plan	A regimen established by health care providers for maintaining or improving the well-being of an individual. This is the collection of each customer's accepted sequence of health services, and may be the original, modified, or discharge care plan. The are plan include (1) information regarding the need to schedule planned health care services; (2) the plan of care designed to meet health readiness requirement; and (3) the level of care needed to meet the needs of the customer.	HCD	TOE
Care Results	Documentation of clinical information resulting from a health care service provided to an individual. This may include 1) clinical test results, and 2) therapeutic procedure results.	HCD	TOE
CASCOM	Combined Arms Support Command	HCD	TOE
Casualty	Any person who is lost to the unit by reason of having been declared dead, wounded, injured, diseased, interned, captured, retained, missing, missing in action, beleaguered, besieged or detained.	ALL	TOE
Casualty (DOW)	A soldier who dies as a result of his/her wounds or illness while in the combat health system or en route to a unit of the combat health system.	EVAC	TOE
Casualty Feeder Reports	Consolidated reports of unit casualties inflicted by enemy action, injury or illness.	EVAC	TOE
Casualty Rates	Casualties expressed in number per thousand per day expected from operations.	EVAC	TOE
CCP	Casualty collection point	HCD	TOE
Chosen Technique	The specific procedure selected for the care of an individual by a health service provider.	HCD	TOE
CHS Health Care Delivery Guidance	The translation of Policy & Guidance, Planning Factors and Agreements into guidance directly supporting health care delivery within the theater of operations.	HCD	TOE
CHS Resources	The personnel, equipment, supplies, vehicles and other resources other than IM and IT supporting combat health services.	EVAC	TOE

Name	Definition	FA	Category
CIO	Chief Information Officer	HCD	TOE
CL	Combat Lifesaver	ALL	TOE
Class VIII	Medical material including medical-peculiar repair parts and equipment.	HCD	TOE
Class VIII/Blood Movement Request	Resupply of Class VIII supplies to combat units.	EVAC	TOE
Classification ID	IER Operational Environment: Classification of the information being exchanged	ALL	TOE
Clear the Battlefield	To identify, acquire, transport, provide en route treatment, and regulate casualties from the area of operations.	EVAC	TOE
Clearing Station	Composed of a medical treatment squad, patient holding squad, corps-level area support squad and having DLX capabilities,	HCD	TOE
Clinical Coordinator	A medically qualified person who validates transportation of the patient will not exacerbate his/her condition.	EVAC	TOE
Clinical information	Information derived during and related directly to the providing of health services to an individual during an episode of care.	HCD	TOE
Clinical Test Results	Documented results of clinical tests performed either internal or external to the medical treatment facility.	HCD	TOE
CM	Combat Medic	ALL	TOE
CO 1SGT	Company First Sergeant	ALL	TOE
Combat Medic	This is the first individual in the CHS chain who makes medically substantiated decisions based on medical training.	EVAC	TOE

Name	Definition	FA	Category
Command Guidance	Command guidance includes the doctrine, policy, procedures, plans and standards issued by higher command to subordinate units to guide and control the military health system. This includes such things as policies, field manuals, TTPs, SOPs, concepts of operations, operational plans, and orders.	EVAC	TOE
Command Surgeon	The senior medical officer and staff at various levels of command.	EVAC	TOE
Command Surgeon Section	The senior medical officer and staff at various levels of command.	EVAC	TOE
Commander's Intent	The tactical commander's plan of employment and scheme of maneuver.	EVAC	TOE
Comments	Information such as issues/clarifications required from an integrated concept team (ICT)	ALL	TOE
COMMZ CSH	COMMZ Combat Support Hospital	ALL	TOE
Company Commander & Staff	The company commander and staff of various medical units.	EVAC	TOE
Conduct Medical Evacuation in a Theater of Operations	The AMEDD must be able to provide an integrated medical evacuation system throughout the operational spectrum including the evolving missions of stability and support operations and shore to ship/ship to shore patient evacuation. Evacuation platforms must have the capability to perform in nearly all environmental conditions and over all terrain conditions. Evacuation platforms must be able to integrate information with supporting and supported units as well as with the medical information infrastructure. They must possess the capability to maintain situational awareness while providing mission/patient status on the future, digitized battlefield. Units must provide state of the art en route medical care compatible with the medical structure in the area of operations.	EVAC	TOE
Conduct Unit Operations	To manage the medical resources and administrative processes providing effective and consistent flow of casualties from the area of operations.	EVAC	TOE

Name	Definition	FA	Category
Confirmed Evacuation Request	A MER or PMR that has undergone the clinical and operational assessment of the factors that will impact on the safe transportation and ultimate treatment of the casualty at a unit capable of the appropriate level of care.	EVAC	TOE
Conflict ID	IER Operational Environment: Type of conflict in which the information exchange will be required	ALL	TOE
Connectivity Mode ID	IER Connectivity Attribute indicating the particular form or manner in which the information exchange may be accomplished (e.g., one-way, non-simultaneous two-way, simultaneous two-way, etc.)	ALL	TOE
Connectivity Type ID	IER Connectivity Attribute indicating the relationship between the sender and receiver (e.g., point-to-point, broadcast, hub/spoke, etc.):Connectivity type between sender of information and receiver	ALL	TOE
Consultation Order	A health service order that requests the opinion or collaboration from another health care provider concerning an individual's diagnosis or care plan.	HCD	TOE
Contact Team	They deploy to the site of a disabled aircraft and make repairs or assist crew/unit repairer to allow the aircraft to continue its mission or to recover to base.	EVAC	TOE
Controls	An Activity Model construct that represents objects (information) that govern or regulate how, when or if an activity is performed and which outputs are produced.	HCD	TOE
Coordinate Medical Evacuation	To arrange for the acquisition, movement, and disposition of a casualty to a point capable of an appropriate level of care.	EVAC	TOE
Coordinate Transportation	Coordination and designation of the most appropriate means of transporting a patient using dedicated, designated or opportune ground or air vehicles. The process may occur iteratively until the patient is delivered to a unit capable of an appropriate level of care.	EVAC	TOE
CORPS	Corps	ALL	TOE
Corps Log Spt Co	Corps Logistics Support Company (Rear)	ALL	TOE

Name	Definition	FA	Category
CORPS MEDLOG CO	Corps Medical Logistics Company	ALL	TOE
COSCOM	Corps Support Command	ALL	TOE
Cost of Failure	IER Criticality Attribute: How critical is the information exchange in accomplishing the users' mission?	ALL	TOE
Crew Registration Report	Report indicating the assignment of personnel to a specific unit reference number and the social security numbers of the personnel operating the system.	EVAC	TOE
CSC	Combat Stress Control (see also MH and BH)	HCD	TOE
CSC Co	Combat Stress Control Company	ALL	TOE
CSC DET	Combat Stress Control Detachment	ALL	TOE
CSC TM	Combat Stress Control Team	ALL	TOE
CSH	Combat Support Hospital	ALL	TOE
Daily Flight Log	Record of a medical evacuation dispatch made at the time of departure.	EVAC	TOE
DCAS	Dental Company Area Support	ALL	TOE
Denied Evacuation Request	A MER or PMR that has been denied due to operational or clinical factors.	EVAC	TOE
Dental Team	A health care delivery node characterized as a mobile health care team comprised of multiple dental providers and supported by a dedicated vehicle. Provides no inpatient or holding capability. Includes organic capability to generate diagnostic imagery (x-ray)	HCD	TOE

Name	Definition	FA	Category
Description	Description of the information exchange requirement	ALL	TOE
Detection Avoidance	IER Operational Environment: Ability to transmit while denying detection and location	ALL	TOE
Detection Avoidance Distance	IER Operational Environment: Indicates detection avoidance distance in meters	ALL	TOE
Determination	A decision about the individual's health status or quantifiable change in health status, supported or imputed by gathered individual health information, frequently categorized to a named entity, disease, injury, or condition. Includes (1) customer problems and strengths; (2) the primary and secondary diagnoses; (3) any relevant diagnostic codes; (4) level of threat posed by the disease process or injury; (5) level of care required to treat the individual's condition; (6) the urgency of the need for care; and (7) whether the individual is a danger to self or others.	HCD	TOE
Determine Appropriate Technique	Evaluate and select the optimum care methodology to be followed to achieve desired results. (The methodology is the technique that will be used to perform procedures.)	HCD	TOE
Determine Patient Destination	Coordination and designation of the medical treatment facility capable of an appropriate level of care and having the capacity to accept the patient.	EVAC	TOE
Develop Treatment Plan	The creation of an appropriate health care plan for the individual based on the; 1) diagnosis, 2) immediate operational situation, 3) current medical/dental readiness conditions, as well as 4) health care provider's knowledge. May include activities as required for patient admission.	HCD	TOE
Diagnosis	A word or phrase used to identify a disease or problem from which an individual patient suffers or a condition for which the patient needs, seeks, or receives health care.	HCD	TOE
Diagnostic Imagery	Imagery, e.g. X-Ray, MRI or Ultra-Sound, that is used to support the diagnosis of an individual.	HCD	TOE
Diagnostic Order	A health service order that directs the execution of a diagnostic procedure. The health service order includes communication about a set of activities or precautions that must be followed before a diagnostic or medical test can be performed (e.g., fasting prior to glucose testing).	HCD	TOE

Name	Definition	FA	Category
Diagnostic Specimen Registration	The unique identification of a biological specimen used to ensure chain of custody.	HCD	TOE
Diagnostic Video	Presentation of information using time sequenced images to reproduce an object or situation over a period of time at a level of quality (30 frames/second) sufficient to support the diagnosis of medically or behaviorally related disorders.	HCD	TOE
DISCOM	Division Support Command	ALL	TOE
Disposition Results	Information about the place or organization (such as "RTD" or "Quarters") to which an individual has been directed at the conclusion of a health service encounter.	HCD	TOE
Distress Call	A request for medical intervention from a maneuvering unit.	EVAC	TOE
DIV	Division	ALL	TOE
DLX	Dental, laboratory, x-ray	HCD	TOE
DMMC	Division Materiel Management Center	ALL	TOE
DMOC	Division Medical Operations Center	ALL	TOE
DOW	Died of Wounds	HCD	TOE
DSA	Division Support Area	ALL	TOE
DSB	Division Support Battalion	ALL	TOE
DSMC	Division Support Medical Company	ALL	TOE

Name	Definition	FA	Category
DSS	Division Surgeon Section	ALL	TOE
EAC	Echelon above corps	HCD	TOE
EBC	Embedded Battle Command	ALL	TOE
Effect Disposition	Activities associated with the orderly conclusion of a health service encounter. Includes documentation of the individuals disposition status e.g. 1) RTD, 2) transfer to another health service encounter, 3) Admission, 4) assignment to quarters, 5) deceased, etc. Includes the reporting of actual performance data to support a wide array of MedLog and Med C2 activities. May Include the notification of the individual's unit, appropriate support agencies, etc. regarding the individual's medical status for purposes such as command and control, unit morale, or coordination of transportation, etc. May also include the return of personal items and organizational items as appropriate.	HCD	TOE
EIC	Electronic Information Carrier	HCD	TOE
Eligibility Determination	An assessment resulting from evaluation of an individual's eligibility criteria.	HCD	TOE
Employ Operational Elements	The deployment and redeployment of evacuation operational elements in support of Combat Health Support tactical plans and METT-T factors.	EVAC	TOE
Employ Units	The employment of units to execute a specific mission.	EVAC	TOE
En Route Clinical Information	Information regarding the history, diagnosis, condition, and treatment of a patient en-route to a medical treatment facility.	EVAC	TOE
En Route Unit Information	Information from a unit in transit to its corresponding command function.	EVAC	TOE

Name	Definition	FA	Category
Encounter	A face-to-face contact between a patient and a provider who has primary responsibility for assessing and treating the patient at a given contact, exercising independent judgment.	HCD	TOE
Episode of Care	One or more medical service(s) received by an individual during a period of continuous care at a health care delivery operational node in relations to a particular medical problem or situation. A continuous episode of care may involve more than one HCD operational node	HCD	TOE
ETA	The estimated time of arrival at the designated point of transfer or care.	EVAC	TOE
Evacuation	Providing of a capability to move an individual from one point of care to another point of care. This activity includes 1) mission scheduling; 2) medical regulation; and 3) mission execution.	HCD	TOE
Evacuation Clinical Factors	Clinical data for the patient to be evacuated that can have a bearing on the movement of the patient. For example, flight altitude restrictions due to the nature of injuries.	EVAC	TOE
Evacuation Crew Readiness Reports	Information regarding the readiness of ground or air ambulance crews to support a specific mission.	EVAC	TOE
Evacuation Order	A health service order directing the movement of an individual from the current medical treatment location to a location that can more appropriately deal with the individual needs.	HCD	TOE
Evacuation Platform	A health care delivery node characterized as a mobile vehicle (ground/air) and crew specifically responsible for transporting individuals in need of care (Including military working dogs) from one geographical location to another. Possesses a limited capability to provide health care to individuals being transported	HCD	TOE
Evacuation Platform Readiness Reports	Information regarding the readiness of ground or air evacuation platforms to support a specific mission.	EVAC	TOE
Evacuation Precedence	Evacuation precedence is a classification applied to a patient to determine priority and urgency for evacuation.	EVAC	TOE
Evacuation Section/Platoon	A section or platoon of a medical unit that executes medical evacuation missions.	EVAC	TOE

Name	Definition	FA	Category
External to Health Care	A health care delivery node representing a person/facility not operating within the health care delivery function (e.g., local law enforcement, maneuvering unit CC, etc.).	HCD	TOE
Extra-AMEDD Facility	A health care delivery node characterized as a health care provider associated with a health care delivery facility that is not within the US Army Medical Department. Includes providers from other DoD organizations as well as providers external to the military health system.	HCD	TOE
Extra-Theater Facility	A health care delivery node characterized as a health care provider associated with a health care delivery facility that is not within the area of operations for the current military operation. May include providers within the US Army Medical Department, other DoD organizations as well as providers external to the military health system. Characterized by long-haul communications	HCD	TOE
FAS	Forward Aid Station	ALL	TOE
Find, Evaluate and Collect Casualties	The medic maneuvers to the location of the injured or ill soldier, acquires and evaluates the casualty.	EVAC	TOE
Flight Plan	Information delineating an air crew's plan to execute a mission for the purpose of acquiring the requisite flight clearance from the appropriate A2C2 element.	EVAC	TOE
Flight Records	Records of rated and non-rated crew members as proof of flight experience.	EVAC	TOE
Foliage	IER Operational Environment: Indicates whether or not the signal used to transmit the information exchange is required to penetrate foliage?	ALL	TOE
Food Procurement Det	Food Procurement Detachment	ALL	TOE
FSB	Forward Support Battalion	ALL	TOE
FSC	Forward Support Company	ALL	TOE

Name	Definition	FA	Category
FSE	Forward Surgical Element	ALL	TOE
FSMC	Forward Support Medical Company	ALL	TOE
FSMT	Forward Support MEDEVAC Team	ALL	TOE
FST	Forward Surgical Team	ALL	TOE
FST (ABN)	Forward Surgical Team (ABN)	ALL	TOE
GA	Ground Ambulance	ALL	TOE
GA Co	Ground Ambulance Company	ALL	TOE
Gather Customer Demographic Data	Collect demographic, entitlement, and other non-clinical information from the individual, health records and external sources (such as individual's unit of assignment within the theater of operations or home station).	HCD	TOE
Gather Individual Health Data	Collection and documentation of medically pertinent information regarding the situation surrounding the individual's need for care enabling the health care provider to make the best assessment of the patient's present condition. Includes chief complaint, historical and current health information about the individual, collateral information, etc.. May be obtained through all sources and means available within the constraints of the tactical situation such as interview, physical examination, review of the patient's health records, etc..	HCD	TOE
GCSSA JAD	Global Combat Support System Army Joint Automation Development	HCD	TOE
GH	General Hospital	ALL	TOE

Name	Definition	FA	Category
GPMRC	Global Patient Movement Requirements Center	EVAC	TOE
Graphical	Information presentation using an abstract representation of an object or situation. This can take the form of a drawing or relational representation of textual data as in a graph.	HCD	TOE
Grd Amb Tm	Ground Ambulance Team	ALL	TOE
GRD Amb Tm, Corps	Ground Ambulance Team, Corps	ALL	TOE
HCD	Health Care Delivery	HCD	TOE
Head & Neck Surgery Team	Head & Neck Surgery Team	ALL	TOE
Health Care Delivery	Activities directly associated with the delivery of health care to individuals who are in need of care. Includes acquiring and assessing the individual with the objective of determining a medical diagnosis and appropriate treatment plan; providing health services as appropriate; and effecting disposition of the individual. Also includes management of the individual personal items and the documentation of care provided.	HCD	TOE
Health Care Provider	Individual who has received specialized training and professional certification in the delivery of health care to individuals	HCD	TOE
Health Materiel Request	A request for medical equipment, supplies, facilities, and automated systems needed to execute a health service.	HCD	TOE
Health Service Order	Directives to provide health services, including recommended preventive health services.	HCD	TOE
Healthcare professional	Individual who has received special training or education in a health-related field. This may include administration, direct provision of patient care, or ancillary services. Such a professional may be licensed, certified, or registered by a government agency or professional organization to provide specific health services in that field as an independent practitioner or employee of a healthcare facility.	HCD	TOE

Name	Definition	FA	Category
HHC	HQ and HQ Company	ALL	TOE
HHC, MED BDE (COMMZ)	HQ & HQ Company, Medical Brigade (COMMZ)	ALL	TOE
HHC, MED CMD (COMMZ)	HQ & HQ Company, Medical Command (COMMZ)	ALL	TOE
HHC, Med Cmd (Corps)	HQ & HQ Company, Medical Command (Corps)	ALL	TOE
HHD, Area Spt Med BN	HQ & HQ, Area Support Medical Battalion	ALL	TOE
HHD, Med Evac Bn	HQ & HQ Division, Medical Evacuation Battalion	ALL	TOE
HHD, Med Log Bn	HQ & HQ Division, Medical Logistics Battalion	ALL	TOE
HHD, Vet Spt Bn	HQ & HQ Division, Veterinary Support Battalion	ALL	TOE
IBCT	Initial Brigade Combat Team	ALL	TOE
IDIV	Interim Division	HCD	TOE
IER	Information Exchange Requirement matrix legend	ALL	TOE
IM/IT	The information technologies and automated information systems that will be integrated into all echelons of CHS. The technologies will include enhanced monitoring of the soldier on the battlefield, audio and visual mentoring of medical staff on the battlefield, teleconsultation between the different echelons of care, enhanced en route care, the use of evacuation capsules and telesurgery.	EVAC	TOE

Name	Definition	FA	Category
Imagery	Information presentation using an optical reproduction of an object or situation. The optical reproduction may represent the object or situation as seen in other than the optical spectrum, e.g. X-Ray or Ultra-Sound.	HCD	TOE
Individual	For OA purposes, individual refers to humans, non-humans (e.g., military working dogs), a part of a human or non-human (e.g., biological specimens), or information about the human or non-human (e.g., an individual's medical record).	HCD	TOE
Individual Demographic Information	Facts about an individual such as address, phone number, occupation, sex, age, race, mother's maiden name and SSN, father's name, and unit to which service members are assigned.	HCD	TOE
Individual Health Care Information	All historical and current health care information resulting from health service encounters.	HCD	TOE
Individual Health Care Instructions	Information provided to the individual upon disposition to provide guidance on follow-up health care requirements.	HCD	TOE
Individual Health Information	Health information received about the individual from sources outside the health system (not available from Individual Health Records). Includes information such as (1) historical and current health information obtained from collateral sources such as the family, command, supervisor, law enforcement, and social service agencies; and (2) collateral information of importance to the current health service encounter	HCD	TOE
Individual Medical Profile	A report on the current medical status of an individual outlining any special treatment required or activity restrictions	HCD	TOE
Individual Schedule	The date, time, place, and provider for a health service encounter.	HCD	TOE
Infectious Disease Tm	Infectious Disease Team	ALL	TOE
Initiate Health Service Encounter	Perform administrative processes necessary to start a health service encounter. May include the inventory and control of personal and organizational items in possession of the individual.	HCD	TOE

Name	Definition	FA	Category
Initiation Results	Documentation of the initiation of a health service encounter. Specific requirements depend upon the type of encounter (e.g. admission data such as ward/bed assignment or necessary patient releases/agreements).	HCD	TOE
Inpatient	An individual, other than a transient patient, who is admitted (placed under treatment or observation) to a bed in a MTF which has authorized or designated beds for inpatient medical or dental care. A person is considered an inpatient if formally admitted as an inpatient with the expectation that he or she will remain at least overnight and occupy a bed even though it later develops that the patient can be discharged or transferred to another hospital or does not actually use a hospital bed overnight. This does not include a patient administratively admitted to the hospital for the purposes of a same day surgery procedure.	HCD	TOE
Inpatient (Facility)	A health care delivery node representing a geographically separate health care facility composed of multiple providers and possessing a capability to provide care on an inpatient basis. Capable of both receiving/viewing as well as generating diagnostic imagery. Possesses limited organic tele-medicine capability.	HCD	TOE
Inputs	An Activity Model construct that represent resources that are consumed or changed as the activity is performed.	HCD	TOE
Intelligence Information	Raw intelligence regarding enemy operations and situation obtained by subordinate units during the execution of their mission.	EVAC	TOE
Intelligence Reports	A description of enemy activity or situation resulting from the collection, evaluation, analysis and interpretation of intelligence information reported by subordinate units.	EVAC	TOE
Inter-Theater MRO	Inter-theater Medical Regulating Office (generic for MedCom MRO)	ALL	TOE
Interactive Video	Presentation of information using time sequenced images to allow the near real-time interaction of two or more individuals who are geographically separated. This type of information exchange does not require a level of quality (10 frames/second) sufficient to support diagnostic activities.	HCD	TOE
Interception Avoidance	IER Operational Environment: Ability to transmit while denying interception and analysis of signal	ALL	TOE

Name	Definition	FA	Category
Intermediate Maintenance Request	Intermediate Maintenance Request	EVAC	TOE
Intra-Theater MRO	Intra-theater Medical Regulating Office (generic for Med Bde MRO)	ALL	TOE
Inventory (Personal Items)	Itemized listing of personal items belonging to the patient.	HCD	TOE
IPB	Intelligence Preparation of the Battlefield	EVAC	TOE
Issue Tactical Orders	Disseminate orders to subordinate units for execution.	EVAC	TOE
ITDB	Interim theater database	HCD	TOE
IWB	Interim Weight Brigade	ALL	TOE
JBPO	Joint Blood Program Office	ALL	TOE
JMRO	Joint Medical Regulation Office	ALL	TOE
JTF	Joint Task Force	ALL	TOE
LEDB	Local echelon database	HCD	TOE
LinkID	The identification number of the IER link between operational elements; FROM NODE CONNECTIVITY DIAGRAM	ALL	TOE
Log Spt Co	Logistics Support Company	ALL	TOE

Name	Definition	FA	Category
LOGSITREP	Logistics Situation Report: This information reports the status of class I, III, IV, V, VII, and VIII materiel to logistic planners and executors to ensure sufficient resources are on hand to accomplish the commander's intent.	EVAC	TOE
MACOM	Major Army Command	ALL	TOE
Maintain the Evacuation Fleet	All the actions necessary to retain or restore an evacuation platform to a specified condition.	EVAC	TOE
Maintenance Advisories	Reports on the status of work in progress for consolidation in reports to higher headquarters.	EVAC	TOE
Maintenance Req	Request for correction of malfunction, or battle damage repair of equipment used by the unit.	EVAC	TOE
Maintenance Schedules	Schedules for routine preventive maintenance checks and the routine repair or replacement of components, or battle damaged equipment.	EVAC	TOE
Make Determination	The formulation of a decision regarding the individual's health condition(s) based on the collected health care data, medical reference tools available, medical intelligence, as well as the health care provider's knowledge.	HCD	TOE
Maneuver to Casualty Location	Maneuver to casualty location.	EVAC	TOE
Maneuver to Point of Transfer or Care	Maneuver to point of transfer or care.	EVAC	TOE
MASF	Medical Air Staging Facility	ALL	TOE
MASH	Mobile Army Surgical Hospital	ALL	TOE
Material Condition Status Reports	Reports of lost, damaged or destroyed non-expendable equipment.	EVAC	TOE
Maximum	IER Usage - (Frequency): Maximum number of exchanges per 24 hour period	ALL	TOE

Name	Definition	FA	Category
Maximum (megabytes)	IER Usage - (Amount): Maximum amount of information per exchange during non-surge operations	ALL	TOE
MC4	Medical communications for combat casualty care	HCD	TOE
MDT	Medical Detachment, Telemedicine	ALL	TOE
MDT-Tm	Medical Detachment Telemedicine - Team. A health care delivery node representing a team specially equipped and trained to enable health care providers/facilities (echelon II - IV) in the area of operations, as assigned, to perform telementoring/teleconsultation via a dedicated communications network. Possesses a capability to capture, process, and send digital imagery to include high-resolution digital imagery and interactive video. Sometimes referred to as a Theater Telemedicine Team (TTT).	HCD	TOE
Mechanisms	An Activity Model construct that represents a non-consumable resource such as people, equipment or software, required to perform the activity.	HCD	TOE
Med Co	Medical Company	ALL	TOE
Med Log Co	Medical Logistics Company	ALL	TOE
Med Log Mgt Ctr	Medical Logistics Management Center	ALL	TOE
Med Log Spt Co	Medical Logistics Support Company	ALL	TOE
MEDBDE	Medical Brigade	ALL	TOE
MEDBDE MRO	Medical Brigade Medical Regulating Office	ALL	TOE
MEDCOM	Medical Command	ALL	TOE

Name	Definition	FA	Category
MEDCOM MRO	Medical Command Medical Regulating Office	ALL	TOE
MEDEVAC Bn	The Medical Evacuation Battalion tactically controls subordinate air and ground ambulance companies/detachments in the theater of operations.	EVAC	TOE
MEDEVAC Mission Request	A request made to a medical evacuation operational element for the purpose of transporting a patient from one point to another made.	EVAC	TOE
MEDEVAC Request	A request to the patient movement system to transport the patient to a more appropriate point of care.	EVAC	TOE
MEDEVAC Support Requirements	A request for additional evacuation assets to meet the assigned mission.	EVAC	TOE
Medical Detachment Telemedicine-Team (Theater	A team specially equipped and trained to enable health care providers/facilities (echelon II-IV) in the area of operations, as assigned, to perform telementoring/teleconsultation via a dedicated communications network. Possesses a capability to capture, process, and send digital imagery to include high-resolution digital imagery and interactive video	HCD	TOE
Medical Force Protection	Assess environmental hazard sources, psychological stressors and exposures and perform health surveillance and epidemiological assessment to determine their effect on the health of a population. Develop force medical protection options to minimize the potency of hazard sources, potential exposures to those sources, and the impact on warfighting capability. Evaluate the effectiveness of preventive medicine risk reduction interventions as executed by the affected organization.	HCD	TOE
Medical History	Longitudinal record of the recorded medical events and significant medical information for the individual.	EVAC	TOE
Medical Intelligence	Medical intelligence is the product resulting from the collection, evaluation, analysis and interpretation of foreign medical, biotechnical and environmental information.	EVAC	TOE
Medical Knowledge	Situationally relevant medical information required by medical personnel in the delivery of health care to a patient. This may be provided either in the form of medical references, protocols, or guidelines.	HCD	TOE

Name	Definition	FA	Category
Medical Personnel Request	A request for medical personnel needed to execute a health service.	HCD	TOE
Medical References	Reference medical material to guide triage and treatment.	EVAC	TOE
Medical Team	A health care delivery node characterized as a mobile health care team comprised of multiple medical providers and supported by a dedicated vehicle. Provides no inpatient or holding capability. Includes no organic capability to generate diagnostic imagery.	HCD	TOE
MedLog	Ensure that the CHS has the necessary medical material resources to accomplish its mission by managing health care materiel and facilities.	HCD	TOE
MEDLOGSITREP	Medical Logistics Situation Report: This information reports the status of selected class VIII materiel to medical logistic planners and executors to ensure sufficient medical resources are on hand to accomplish the commander's intent.	EVAC	TOE
MEDSITREP	Medical Situation Report: This informs medical planners and executors of the current operational status of the assets assigned to the operational element.	EVAC	TOE
MES	Medical equipment set	HCD	TOE
METT-TC Factors	The planning factors related to mission, enemy, terrain and weather, troops, time available and civilian considerations.	EVAC	TOE
MFA ID	The medical functional area (MFA) identification. Ten AMEDD functional areas described by TRADOC PAM 525-50	ALL	TOE
MH	Mental Health (See also BH and CSC)	HCD	TOE
MHS	Military Health System	HCD	TOE
Mileage Logs	Mileage logs track the miles traveled by vehicles assigned to the unit.	EVAC	TOE

Name	Definition	FA	Category
Minimal Care Det	Minimal Care Detachment	ALL	TOE
Minimum	IER Usage - (Frequency): Minimum number of exchanges per 24 hour period	ALL	TOE
Minimum (megabytes)	IER Usage - (Amount): Minimum amount of information per exchange during non-surge operations	ALL	TOE
Mission Advisories	Reports on the status of mission execution and changes in the tactical situation as the mission progresses.	EVAC	TOE
Mission Back Brief	Regularly scheduled meeting and reports used to monitor the effectiveness and efficiency of operations, unusual occurrences and unit readiness.	EVAC	TOE
Mission Plan	The mission plan consists of all relevant information required by the unit assigned to accomplish the mission.	EVAC	TOE
Mission Tasking	A mission plan specifically assigned to a unit for execution.	EVAC	TOE
MMMB	Medical Materiel Management Branch	ALL	TOE
Mnv Co	Maneuvering Company	ALL	TOE
Monitor Mission Execution	Monitoring of changes in the tactical situation as the mission is executed.	EVAC	TOE
Monitor Plan Execution	The continuous assessment of unit operations in executing the tactical orders issued.	EVAC	TOE
MOS	Military Occupational Specialty	HCD	TOE
Most Likely	IER Usage - (Frequency): Number of exchanges "most likely" to occur per 24 hours period	ALL	TOE

Name	Definition	FA	Category
Most Likely (megabytes)	IER Usage - (Amount): Amount of information "most likely" to be exchanged during non-surge operations	ALL	TOE
MRI	Medical Re-engineering Initiative	ALL	TOE
MRMC	Medical Research & Material Command	HCD	TOE
MRO	Medical Regulating Office	ALL	TOE
MRO or equivalent	The medical regulating officer or patient administration function.	EVAC	TOE
MSB	Main Support Battalion	ALL	TOE
MSMC	Main Support Medical Company`	ALL	TOE
MSU	Mutual Support Unit	ALL	TOE
MTF	Medical Treatment Facility	ALL	TOE
MWD	Military working dog	HCD	TOE
Name	Criteria: input/output information per IER; multiple tasks; per operational element communication	ALL	TOE
NBC Report	Nuclear, Biological, Chemical Report: Provide higher command notification of NBC activity.	EVAC	TOE
NBI	Non-battle injury	HCD	TOE

Name	Definition	FA	Category
NCD	Node Connectivity Description	ALL	TOE
Node	A generic name given to a group of separate health care delivery operational elements, e.g. ASMC, FSMC, CSH, that possess similar operational characteristics. Nodes are identified to facilitate the collection and analysis of data in support of the development of an operational architecture.	HCD	TOE
Non-operational Platforms and Equipment	Equipment and evacuation platforms that exceed the capability of unit maintenance to return to operational status.	EVAC	TOE
OA	Operational Architecture	ALL	TOE
OE	Operational Element	ALL	TOE
On-line Technical Manuals	Digitized versions of technical manuals available at the point of need.	EVAC	TOE
Operational Capabilities	The overall operational status of employed units in regards to placement, personnel, transportation, materiel, security and other information the unit commander deems appropriate.	EVAC	TOE
Operational Readiness	The number and availability of medical resources on hand to meet the requirements imposed by the assigned mission and situation.	EVAC	TOE
Operations Section/Platoon	A section or platoon of a medical unit that plans and coordinates all operations for the unit.	EVAC	TOE
OPFAC	Operational Facility (as in Operational Facility Rule)	HCD	TOE
OPLAN/OPORD	The Operational Plan covers a single military operation or a series of connected operations to be carried out simultaneously or successively. The Operational Order puts the OPLAN in effect.	EVAC	TOE
OR	Operating Room	HCD	TOE

Name	Definition	FA	Category
OR Capability	Information on the operating room capabilities available to the patient movement system supporting that particular level of health care.	EVAC	TOE
ORD	Operational Requirement Document	HCD	TOE
OSHA	Occupational Safety and Health Administration	HCD	TOE
Outage Duration	IER Criticality Attribute: Maximum operationally acceptable outage duration	ALL	TOE
Outpatient	An individual receiving health care services for an actual or potential disease, injury, or life style related problem that does not require admission to a medical treatment facility for inpatient care.	HCD	TOE
Outpatient (Facility)	A health care delivery node representing a geographically separate health care facility (may be mobile) comprised of multiple providers possessing NO inpatient capability. Individuals who can RTD in less than 3 days are held for treatment, else are evacuated to a health care facility with greater capability for more definitive care. Capable of both receiving/viewing as well as generating diagnostic imagery. Possesses limited organic tele-medicine capability.	HCD	TOE
Output	An Activity Model construct that represents the material or information that is produced as a result of the activity being performed. The output of one activity can be an Input, Control or Mechanism for another activity.	HCD	TOE
OV-1	DoD Architecture Framework reference for High-level Operational Concept graphic product	ALL	TOE
P/F	Preventive/Fitness	HCD	TOE
PA	Physician's assistant	HCD	TOE
Pathology Tm	Pathology Team	ALL	TOE

Name	Definition	FA	Category
Patient (First Aid Recipient)	A casualty who has received basic resuscitation and stabilization treatment from medical personnel, a combat lifesaver or self administered.	EVAC	TOE
Patient Holding	The temporary care of an individual within a medical treatment facility without admission as an inpatient while awaiting transportation.	HCD	TOE
Patient Movement Request	A request from an MTF to the patient movement system to move the patient to an MTF capable of providing the requisite care or to return the patient to duty.	EVAC	TOE
Patient Record	An electronic or paper record (such as the field medical card) that has been updated with recent identification, demographic, medical encounter, physiological or exposure data.	EVAC	TOE
Patient Transfer Notification	Notification of both the requesting and receiving unit of the transfer of a patient.	HCD	TOE
Patient Transfer Notification	Notification of both the requesting and receiving unit of the transfer of a patient.	EVAC	TOE
Perform Contact Maintenance	Repairs or assistance provided at the site of a disabled aircraft.	EVAC	TOE
Perform Diagnostic Procedures	Apply techniques to obtain information about the customer's condition using medical equipment and technology.	HCD	TOE
Perform Therapeutic Procedures	Perform a health care or preventive regimen for a particular individual. The activity may include stabilizing the customer's condition; relieving pain or discomfort through pharmacological, psychological, or other methods; providing community or population health services; providing wellness and preventive health services; and executing the care plan.	HCD	TOE
Perform Unit-level Maintenance	Preventive maintenance or maintenance repair capable of being performed by the operational element's organic maintenance function.	EVAC	TOE
PERSITREP	Personnel Situation Report: This information reports the changes in a unit's personnel duty status to personnel planners and executors to ensure sufficient personnel are on hand to accomplish the commander's intent.	EVAC	TOE

Name	Definition	FA	Category
Personal Identification & Demographics	Personal identification, demographics, unit, medical and other information that is unique to a soldier. This is information such as name, Social Security number, race, age, etc. that uniquely identify and describe the individual.	EVAC	TOE
Personal Information	Information about the soldier that is required to provide efficacious health care, support medical intelligence needs and to support other military systems' requirements. This includes personal identification, demographics, unit, medical history, treatment received, location in the health care system and health status.	EVAC	TOE
Phase ID	IER Operational Environment: Phase of operations in which the information will be required	ALL	TOE
Physiological Data	Current pulse, respiration, temperature and other physiological parameters that reflect the health of the individual.	EVAC	TOE
Plan Operations	Deliberate planning in response to the medical evacuation needs of the maneuvering unit or area of operations being supported.	EVAC	TOE
Planned Bed Laydown	Planned location of hospital units obtained from the Synchronized MEDEVAC and CHS Plan.	EVAC	TOE
Planning Factors	Planning factors are all situational information required for the execution of applicable command guidance or assigned missions. This includes information referred to as mission, enemy, terrain, friendly troops, time available, and civilian considerations (METT-TC), patient's clinical condition, Army airspace command and control information, weather, routes, bed availability, element operational status reports, changes in evacuation policies, etc..	ALL	TOE
PM Det	Preventive Medicine Detachment	ALL	TOE
PM TM	Preventive Medicine Team	ALL	TOE
PMI Inventory	An inventory of the patient movement items in possession of the ambulance team at that point in time.	EVAC	TOE
PMI Status Reports	Reports indicating the location and availability of equipment required for the safe movement and en route medical care of patients.	EVAC	TOE

Name	Definition	FA	Category
PMIs	Equipment required for the safe movement and en route medical care of patients.	EVAC	TOE
PMIs Accompanying Patient	Patient Movement Items accompanying the patient throughout movement in the patient movement system and hospitalization system.	EVAC	TOE
PMIs Returned to Operation	Patient Movement Items released for use by another patient in the patient movement system and hospitalization system.	EVAC	TOE
PMIs Turned In for Service/Replacement	Patient Movement Items no longer capable of providing safe and effective service for a patient in the patient movement system and hospitalization system.	EVAC	TOE
PMRC	Patient Movement Requirements Center	ALL	TOE
Policy & Guidance	Doctrine, policy, procedures, plans and standards issued by higher command to subordinate units to guide a control theater operations. Includes such things as policy; field manuals; techniques, tactics and procedures (TTPs); standard operating procedures (SOPs); OPLANS; OPORDS etc.	HCD	TOE
Portable Storage Device	A device used to store information for the purpose of moving it between geographically separated locations, e.g. floppy disks, removable hard drives, paper, or electronic information carrier (EIC) etc.	HCD	TOE
Preparation Results	Documentation of clinical information resulting from the preparation of the individual for a health service, e.g. biological specimen registration information, body position, or injection of radiographic enhancement fluids.	HCD	TOE
Prepare for next mission	Decontamination and preparation of the crew and vehicle for the next assigned mission.	EVAC	TOE
Prepare Individual	Perform preparatory actions before providing a health care service. This may include (1) attaching individual to monitors; (2) positioning the individual; (3) obtaining biological specimens, and (4) ensuring individual safety by using chemical or mechanical restraints as required.	HCD	TOE
Protect the Force	Planning and implementation of measures to protect unit's potential to conduct its assigned mission at the appropriate time and place by protecting itself from the effects of (or recovery from) enemy activities.	EVAC	TOE

Name	Definition	FA	Category
Provide Administrative Support	Execution of administrative functions for the operational element.	EVAC	TOE
Provide Communications Support	Operation and maintenance of a continuously available communication capability in compliance with command communication security directives.	EVAC	TOE
Provide Enroute Care	Application of medical care en-route to a point of transfer or medical treatment.	EVAC	TOE
Provide Health Care	Performance of the treatment plan, including requested diagnostic procedures, as permitted by the tactical situation, using available resources (personnel, equipment, facilities, supplies, and services) with the objective of enabling a RTD or stabilizing the individual for transportation to an appropriate medical treatment facility.	HCD	TOE
Provide Health Services in a Theater of Operations (HCD)	Provide the direction, resources, health care providers, and other means necessary to promote the health of the beneficiary population. This includes developing and promoting health awareness issues to educate individuals, discovering and resolving environmentally based health threats, providing health services, including preventive care and problem intervention, and improving the means and methods for maintaining the health of the beneficiary population by constantly evaluating the performance of the health care services system.	HCD	TOE
Provider	Healthcare professional or facility or group of healthcare professionals or facilities that provide healthcare services to patients	HCD	TOE
PS	Personnel Services Battalion	ALL	TOE
PSS	Personnel Services Support	ALL	TOE
Pvnt	Preventive	HCD	TOE
Re-supply requests	Replenishment of medical equipment sets, expendable Class VIII supplies and other supply classes.	EVAC	TOE

Name	Definition	FA	Category
Reception Quality ID	IER Connectivity Attribute: Quality of reception required to conduct the operational task effectively	ALL	TOE
Record of Medical Encounter	Documentation of the diagnostic and treatment procedures provided, reports, outcomes and prognosis resulting from a single encounter with a health care provider.	EVAC	TOE
Reference 1	Primary reference documenting operational requirement for the information exchange	ALL	TOE
Reference 2	Secondary reference documenting operational requirement for the information exchange	ALL	TOE
Referral	Practice of sending a patient to another program or practitioner for services or advice that the referring source is not prepared or qualified to provide.	HCD	TOE
Region ID	IER Operational Environment: Geographical regions in which the information will be required	ALL	TOE
Register Individual	Administrative registration of an individual (capture demographics) and screening/verification of the eligibility for care. May require unit personnel to transit short distances in order to collect patient (e.g. receipt and transportation of a patient from the medical evacuation system).	HCD	TOE
Registration Results	Documentation of information resulting from the registration of an individual into the health care delivery system with the intent of providing a health service. This may include 1) individual identification; 2) demographic information; and 3) determination of eligibility to receive health care.	HCD	TOE
Regulatory Information	Laws, rules, regulations, and codes of conduct requiring mandatory compliance. This includes public law, Army regulations, Uniform Code of Military Justice, DoD directives, and standards issued by regulatory agencies and professional associations.	EVAC	TOE
Relevant Health Information	Health information received about the individual from any source that is important to the current health service encounter. Includes information such as 1) historical and current health information; 2) results of diagnostic tests; and 3) collateral information of importance to the current health service encounter.	HCD	TOE

Name	Definition	FA	Category
Renal Dialysis Tm	Renal Dialysis Team	ALL	TOE
Request for Eligibility Determination	An inquiry to determine whether a customer is qualified to receive care from the THS.	HCD	TOE
Request for Environmental/ Population Assessment	A petition for the evaluation of the physical environment, psychological stressors or the supported population as a whole to ascertain potential health threats.	HCD	TOE
Request for Evaluation	Command referral, self-referral or referral by another health care provider (including a consultation or tele-consultation) of an individual or information related to an individual for medical/psychological evaluation.	HCD	TOE
Request for Individual Health Information	A request for health information about an individual from sources outside the health system (not available from Individual Health Records). Includes information such as (1) historical and current health care information obtained from collateral sources such as the family, command, supervisor, law enforcement, and social service agencies; and (2) collateral information of importance to the current health service encounter.	HCD	TOE
Request for Medical Knowledge	A request for situationally relevant medical information required by medical personnel in the delivery of health care to an individual . This may be provided either in the form of medical references, protocols, or guidelines.	HCD	TOE
Request for Relevant Health Information	A request for specific individual health care information from a geographically separated medical node to support the development of a determination or treatment plan.	HCD	TOE
Resource Assignment	The assignment of a specific resource to an individual health service encounter, for example a specific OR suite or doctor.	HCD	TOE
Resource Request	A request for people, equipment, supplies, facilities, and automated systems needed to execute a health service.	HCD	TOE
Resource Requirements	People, equipment, supplies, facilities, and automated systems needed to execute a health service	HCD	TOE

Name	Definition	FA	Category
Resource Schedule	Times for which resources are assigned to be used or maintained. This may include (1) personnel training schedule; (2) projected down-time for equipment maintenance or repair; (3) personnel leave plans; and (4) times resources are scheduled for use.	HCD	TOE
Risk Assessment	An evaluation of the unit's activities and environment for the purpose of determining the probability of negative outcomes and mitigation measures.	EVAC	TOE
RTD	Return to Duty	ALL	TOE
Scenario	A specific instance of a process that is of current interest, e.g. Asynchronous Consultation.	HCD	TOE
Schedule Health Service	Perform all the administrative processes necessary to arrange service opportunities, reserve space and equipment in the facility capable of providing the level of care required by the individual's condition, schedule and reserve inpatient beds, and arrange transportation for individuals (both internal and external to the theater of operations), including referrals to health facilities external to the CHS.	HCD	TOE
Schedule Resources	In conjunction with scheduling individuals, the resources required to service those individuals must be scheduled, including health care professionals, facilities, specialized equipment, and other items.	HCD	TOE
Service Availability	IER Usage Attribute: Required availability of communication means	ALL	TOE
Service Type ID	IER Connectivity Attribute: Primary means of conveying information	ALL	TOE
Soldier RTD	A casualty who is able to return to duty after treatment of his/her wounds or illness.	EVAC	TOE
Special Care Tm	Special Care Team	ALL	TOE
Special Lift Requirements	Special equipment required by the ambulance team to load the casualty onto the evacuation platform or to provide care en route.	EVAC	TOE

Name	Definition	FA	Category
Specimen Collection Order	A health service order that directs the collection of a biological specimen. The health service order includes communication about a set of activities or precautions that must be followed before the biological specimen can be collected (e.g., fasting prior to collecting a blood sample).	HCD	TOE
SPO	Support Operations Section	ALL	TOE
Spt MC	Support Medical Company	ALL	TOE
SPT MC GRN AMB TM	Support Medical Company Ground Ambulance Team	ALL	TOE
SPT MNV CO	Supported Maneuvering Company	ALL	TOE
SPT Unit	Supported Unit	ALL	TOE
SQD	Squad	ALL	TOE
SQDN	Squadron	ALL	TOE
SSN	Social security number	ALL	TOE
Stand-Alone Consultant	A health care delivery node representing a staff-level health care professional whose primary function is as an advisor to the command staff regarding health care matters. Primary health care delivery functionality (provider-patient interaction) is as a consultant to other providers. Retains secondary health care functionality as a health care provider to the unit's command staff--operates geographically separate from any external capability or health care facility	HCD	TOE
Stand-Alone Medical Laboratory	A geographically separate facility supporting the delivery of health care to individuals in the area of operations through the evaluation of biomedical specimens as well as analytical, investigative and consultative services to health care providers or facilities.	HCD	TOE

Name	Definition	FA	Category
Stand-Alone Provider	A health care delivery node representing a health care provider with immediate access to only the equipment on his/her person--geographically seperated from any external capability or health care facility. A health care provider is an individual who has received specialized training and professional certification in the delivery of health care to individuals.	HCD	TOE
Supply Point and Field Service Status Report	This reports depicts where Class VIII supply points, ambulance exchange points and other combat service support points are located.	EVAC	TOE
Supply Requisitions	Requests made to the logistics system for medical supplies, arms and ammunition, food, petroleum, oils and lubricants.	EVAC	TOE
Support Evacuation Elements	Provision of logistical, administrative, security, communication and personnel support for subordinate units.	EVAC	TOE
Supported Unit Situational Understanding	Location and status of friendly forces supported by the assigned medical unit.	EVAC	TOE
Surveillance Det	Surveillance Detachment	ALL	TOE
Synchronized MEDEVAC Plan	A plan, usually an annex to another plan, that integrates all available command guidance and known planning factors.	EVAC	TOE
Synchronous Tele-Consultation	A deliberation with a specialist at a geographically separate location concerning the diagnosis or treatment of a patient where the participants are simultaneously involved in the interaction. The interaction is typified by a real-time or near real-time exchange of information rather than a store-and-forward activity between participants.	ALL	TOE
Tactical Orders	Orders issued to subordinate units for execution.	EVAC	TOE
Tactical Overlays	A generic name for graphically oriented information that depicts the battlefield situation.	EVAC	TOE
TCON	Tele-Consultation	HCD	TOE

Name	Definition	FA	Category
Tele-Mentoring	The providing of guidance or instruction on the conduct of a health service procedure by a qualified health care provider to a lesser or unqualified health care provider at a geographically separated location.	HCD	TOE
TEMP	Test and Evaluation Master Plan	HCD	TOE
Terrain/Buildings	IER Operational Environment: Indicates whether or not the signal used to transmit the information exchange is required to penetrate terrain and/or buildings?	ALL	TOE
Text (Data)	Presentation of information using symbolic representations such as numbers or words.	HCD	TOE
Theater Evacuation Policy	The theater evacuation policy states the maximum number of days (hospitalization and convalescence) a patient may be held in a particular operations zone for treatment prior to onward movement or return to duty.	EVAC	TOE
Therapeutic Results	Documentation of clinical information resulting from the providing of a therapeutic health service to an individual.	HCD	TOE
Third Party Nation	A nation other than the principal participants in a conflict or military operation.	HCD	TOE
Threat Updates	Any threats imposed by enemy activities that may adversely impact on the safety of the medical team and patients under their care.	EVAC	TOE
THS	Theater Health Service	HCD	TOE
Timeliness ID	Maximum tolerable delay from initiation of information exchange to its receipt by the intended user	ALL	TOE
TMEN	Telementoring	HCD	TOE
TPMRC	Theater Patient Movement Requirement Center	ALL	TOE
TRADOC	Training and Doctrine Command	HCD	TOE

Name	Definition	FA	Category
Training Records	Documentation containing a soldier's training reports, and other information regarding his/her preparedness for performing assigned duties.	EVAC	TOE
Transfer Receipt	Confirmation from the receiving medical treatment facility that the responsibility for the management of an individual's health care has been accepted.	HCD	TOE
Transmit Evacuation Request	Prepare and issue to the appropriate evacuation element a request to pick-up and transport a casualty to the next level of care.	EVAC	TOE
Transport the Patient	To move the casualty to a point capable of an appropriate level of care.	EVAC	TOE
Transportation Assignment	The identification of an individual requiring movement to a scheduled evacuation platform.	HCD	TOE
Transportation Request	A request to the Evacuation Functional Area to transport the patient to a more appropriate point of care.	HCD	TOE
Transportation Schedule	The proposed arrival and departure time of evacuation assets in support of transportation requirements.	HCD	TOE
Transported Patient	A casualty who is not expected to return to duty within the time allowed by the current theater evacuation policy.	EVAC	TOE
Treatment Guidance	Relevant medical information from a more trained and experienced clinician to aid in the diagnosis and treatment of a casualty.	EVAC	TOE
TSOP	The Tactical Standard Operating Procedure prescribes policy, guidance and procedures for the routine tactical operations of a specific unit.	EVAC	TOE
TTPs	Techniques, Tactics and Procedures	HCD	TOE
TTT	Theater Telemedicine Team. See MDT-Tm.	HCD	TOE
UCMJ Coordination	Communication with the staff judge advocate prior to taking action under the Uniform Code of Military Justice.	EVAC	TOE

Name	Definition	FA	Category
Unfulfilled Movement Request	A request to the appropriate Patient Movement Requirements Center when the medical regulating officer cannot provide the needed hospitalization.	EVAC	TOE
Unit Maintenance Personnel	Personnel assigned to the unit tasked to perform unit level maintenance on vehicles and equipment.	EVAC	TOE
Unit Physical Security Plan	Plan by which the operational element intends to protect their forces and deny the enemy access to their area.	EVAC	TOE
USAF Flight Schedules	Detailed flight schedules provided by the USAF Aeromedical Evacuation Liaison Team.	EVAC	TOE
Verify Eligibility	Determine whether an individual is eligible to receive health care services according to criteria set by the theater health service direction or other applicable policy and guidance. Individuals requiring emergency care may receive services regardless of whether they meet DOD criteria.	HCD	TOE
VET DET	Veterinary Detachment	ALL	TOE
Vet Surveillance Team	A health care delivery node characterized as a geographically separate veterinary care facility comprised of multiple providers. Possesses no organic capability to generate diagnostic imagery.	HCD	TOE
Weather	IER Operational Environment: Indicates whether or not the signal used to transmit the information exchange is required to penetrate weather (e.g. fog)	ALL	TOE
Weather Updates	Prevailing air and ground weather conditions in the area of operations that may impact on mission execution.	EVAC	TOE

HIGH LEVEL OPERATIONAL CONCEPT (OV-1)

(Graphic and Narrative)

AMEDD-OA-002

Health Care Delivery in a Theater of Operations

AMEDD-OA-002

OV-1 High-Level Operational Concept

Unit Size Indicators

Team	Æ
Squad	•
Platoon/Detachment	• • •
Company	I
Battalion	II

Indicates unit MAY be present -----

EAC

Corps

Division

Brigade

Battalion

MEDICAL

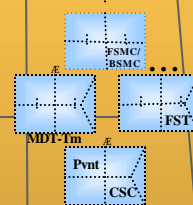
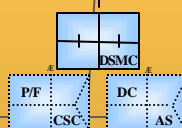
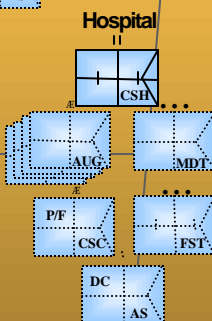
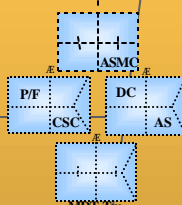
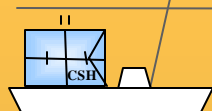
EVACUATION

TO

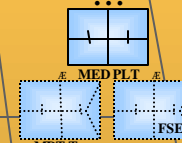
APPROPRIATE

CARE

Extra-Theater Facility



Aid Station



Health Care Delivery in a Theater of Operations

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OV-1 High-Level Operational Concept Narrative

INTRODUCTION

The purpose of the theater Health Care Delivery (HCD) system is to conserve the fighting strength in the theater/area of operations by maintaining the fitness of the force. The HCD system begins with the recognition that an individual needs health care and continues through the arrival and care of the individual at a point capable of an appropriate level of care. The objectives of the HCD system are to minimize the effects of injury, illness, and excessive stress; maximize return to duty; or prepare for medical evacuation. These objectives are accomplished by providing state of the art medical care across the operational continuum and compatible with the medical structure in the area of operations. This care is provided by highly skilled medical personnel assigned to numerous operational elements throughout the theater/area of operations.

The *High-Level Operational Concept Graphic (OV-1)* is one of six interrelated products developed to describe the Health Care Delivery in a Theater of Operations operational architecture view. This diagram depicts the anticipated operational elements of the theater Health Care Delivery system in the year 2010 timeframe and their 'lay down' across a theater/area of operations in support of military operations. Though there may be multiple units at each level (e.g., three maneuvering battalions, three maneuvering brigades, five to seven divisions, etc.), the diagram does not depict every operational element associated with these units. Nor does it reflect variations (e.g., heavy versus light divisions) of units. Rather, the diagram represents theater Health Care Delivery elements and their geographical orientation as they might typically be employed in the theater/area of operations. The Medical Re-Engineering Initiative (MRI) force structure that will be digitized under Force XXI, as well as the Initial Brigade Combat Team (IBCT) and Interim Division (IDIV) concepts were considered in its development.

ARMY MEDICAL DEPARTMENT OPERATIONAL CONCEPT

The Army Medical Department must be able to provide an integrated and effective theater Health Care Delivery system mirroring the evolutionary characteristics of the Army of the future. Therefore, the HCD system must provide flexible, versatile, modular medical units capable of operating in a split-based mode across the anticipated operational continuum. As such, the theater Health Care Delivery system (including processes, equipment and systems) must have the capability of performing in nearly all environmental conditions and over all terrain conditions. Additionally, all HCD systems must be able to exchange information with supporting and supported units as well as with the theater health system information infrastructure (e.g., Medical Communications for Combat Casualty Care or MC4). This connectivity will ensure medical units possess the capability to maintain situational awareness while providing essential mission-related and medical care information to non-medical elements and/or agencies.

Entry into the Health Care Delivery (HCD) system may occur at nearly any point in the theater from as far forward as the forward line of troops in the combat battalion area to the most distant rear areas in the Echelon Above Corps (EAC). It begins with the recognition that an individual needs health care. This condition may be the result of

Health Care Delivery in a Theater of Operations

AMEDD-OA-002

OV-1 High-Level Operational Concept Narrative

injury, illness, or excessive stress and the individual may be a US, allied, or enemy service member, an indigenous civilian, or a government-owned/indigenous animal. For purposes of this architecture, an *individual* includes both humans and non-humans (e.g., military working dogs) which may be represented by a biological specimen or a collection of information about the human or non-human (e.g., an individual's medical record). Health care for US service members and animals continues until either definitive care is received allowing their return to duty or they are transferred to the Medical Evacuation system for evacuation out of the theater. This continuum of care is made possible by a number of theater medical elements located in general areas of organizational responsibility across the theater—battalion, brigade, division, corps and Echelon Above Corps (EAC).

Battalion

The Combat Medic (CM), providing direct support to the combat unit assigned, is generally the most forward entry point into the HCD system. Assigned to the medical section of a combat unit, the CM possesses medical MOS-specific training to the emergency medical technician level. The CM's emphasis is either treatment and return to duty (RTD) or preservation until medically evacuated to a more appropriate level of care. Thus, their responsibilities range from routine sick call and stress control to immediate lifesaving measures and emergency medical procedures in the cases of trauma. If a greater level of care is required than is locally available, measures are taken to stabilize the individual for transportation to a location possessing the required capabilities. For example, if the dental specialty is required, the casualty is evacuated to the Forward Support Medical Company in the brigade area for treatment or further evacuation to an appropriate level of care. Basic verbal teleconsultation with the Aid Station in the Battalion is anticipated.

As health care activities are initiated, information begins to flow through the theater health care system. There is a requirement for all care provided in the theater by any health care provider to be documented and be made accessible throughout the HCD system in support of the delivery of health care to the individual including their transportation through the Medical Evacuation system. It is anticipated that background health information on US forces will be accessible.

Additional responsibilities of the Combat Medic, e.g., requesting Class VIII medical resupply, and periodically providing Medical Situation Reports (MEDSITREPS) to both the commander of his combat unit and medical personnel at the Battalion Aid Station, are not addressed in this portion of the AMEDD's operational architecture. Only those activities conducted by the provider in delivering health care to an individual will be addressed here. Non-health care activities are addressed, as appropriate, in other operational areas of this operational architecture (e.g., Medical Logistics and Medical Force Protection).

As mentioned, at any point in the theater health care delivery system where a determination is made that an individual requires medical care beyond capabilities locally available, a request to the Medical Evacuation system is made for transportation to a more appropriate level of care. The continuum of health care is made possible during this transportation through the use of specialized medical evacuation platforms—

Health Care Delivery in a Theater of Operations

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OV-1 High-Level Operational Concept Narrative

both air and ground—with trained health care delivery crews. En route health care provided by these crews is focused on the preservation of the individual during evacuation. While ground ambulance teams are organic to the medical platoon of the combat unit, air ambulance teams are corps-level assets providing rapid evacuation support for individuals throughout the corps. The evacuation platform, in this portion of the AMEDD OA, is addressed only to the extent that it supports the delivery of en route health care to the individual during transportation. Activities associated with coordinating and providing transportation of the individual are addressed in the Evacuation portion of this OA.

The next element of the theater health care system in the battalion, and possessing a more robust capability of care, is the Treatment Team. This team, usually composed of a physician or physician's assistant (PA) and three combat medics with a standard medical equipment set and dedicated vehicle, is organic to the medical platoon in most Army units throughout the theater. These teams may be employed together at the aid station or in a split-based manner, such as at Casualty Collection Points (CCPs) in the battalion area near the forward line of troops.

The final element of the theater health care system in the battalion area is an Aid Station. Commonly referred to as the Battalion Aid Station, the BAS provides direct support to the combat battalion assigned. The BAS is operated by the Medical Platoon which consists of one or two Treatment Teams, an Ambulance Section, and an Aidman Section (Aidmen are further distributed forward to the Companies of the Battalion). In the IBCT concept, a corps-level Forward Surgical Element (FSE) and Medical Detachment Telemedicine Team (MDT-Tm) may also support the BAS to enhance its surgical and teleconsultation capabilities.

The Battalion Aid Station is responsible to treat individuals presenting for care from the battalion rear area as well as those individuals evacuated from forward units. Emphasis of the BAS is the same as the Combat Medic, i.e., treatment and return to duty or rapid stabilization and evacuation, but also includes the continued stabilization and care of casualties being evacuated from further forward in the battalion. Documentation of care provided at the BAS is either initiated for those individuals just entering the theater Health Care Delivery system or appended to the individual's existing health care information.

It is anticipated that in the year 2010, all automated medical information in the battalion will be provided to, stored, and/or retrieved from a central repository in the battalion as well as a theater-level repository via the tactical internet.

Brigade

Next in the theater's continuum of care is the Forward Support Medical Company or FSMC, referred to as the Brigade Support Medical Company in the IBCT concept. The FSMC receives casualties evacuated from the battalion area of operations as well as those presenting from within the brigade support area. The FSMC's capabilities include primary and resuscitative care provided by the treatment teams, plus limited dental, laboratory, radiology, and patient holding. As with the medical elements in the battalion area, the primary focus of the Forward Support Medical Company is either treatment

Health Care Delivery in a Theater of Operations

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OV-1 High-Level Operational Concept Narrative

and return to duty or continued rapid stabilization and preparation for evacuation. Their responsibilities range from performing routine sick call, dental, and behavioral health care (mental health) to immediate lifesaving measures and emergency medical procedures in cases of trauma. If a greater level of care is required than is locally available, measures are taken to stabilize the individual for transportation to a facility (which may be co-located) possessing the required capabilities.

The Dental Element, possessing the capability to provide emergency and to a lesser extent sustaining and maintaining dental care, is organic to the Area Support Squad in the FSMC as well as the Division Support Medical Company described below. These elements provide what is termed as unit dental support. Dental casualties in maneuver battalions are evacuated to the Battalion Aid Station for evaluation, and if necessary evacuated further to the FSMC for treatment.

The Medical Laboratory Element in the Area Support Squad performs elementary clinical laboratory and blood banking procedures.

The Behavioral Health Section of the FSMC provides stress control interventions and mental/behavioral health outpatient treatment at the medical company and mobilely throughout the brigade. It may supervise treatment of stress casualties in the patient holding squad and stabilization of cases for evacuation to the division rear or corps facilities. It coordinates directly with unit leaders and unit ministry teams to reintegrate recovered cases back to duty. The MH section provides CSC estimates and plans to the Brigade Surgeon, and is the point of contact for operational control of augmenting corps-level CSC teams.

Corps-level assets may be attached/assigned to the FSMC including a Combat Stress Control Preventive Team, Forward Surgical Team, as well as a Theater Telemedicine Team of the Medical Detachment, Telemedicine. Additionally, corps-level MH Treatment Teams and Forward Dental Treatment Teams, may be 'pushed forward' into the Brigade and may locate at any strategic point or location of troop concentrations.

A summary of the clinical encounter in the brigade is captured and will be accessible throughout the HCD system in support of the delivery of health care to the individual. To the greatest extent practical, brigade medical information will be maintained in a central repository in the brigade as well as in the theater-level repository.

Division

The Division Support Medical Company or DSMC receives casualties evacuated from the brigade support area as well as those presenting from within the division support area. The DSMC provides the same level of care as the FSMC but includes more robust dental and combat stress control capabilities. The primary focus continues to be rapid stabilization and evacuation or treatment and return to duty as well as sick call on an area support basis.

Laboratory capabilities organic to the Division Support Medical Company, as in the FSMC, remain limited to elementary clinical laboratory and blood banking procedures performed by the Medical Laboratory Element in the Area Support Squad.

Health Care Delivery in a Theater of Operations

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OV-1 High-Level Operational Concept Narrative

The Mental Health (MH) Section of the DSMC provides stress control interventions and mental/behavioral health outpatient treatment (including medication) to the division support area and is available to go forward to the brigades. It may supervise treatment of stress casualties in the patient holding squad if no augmenting CSC Team is available and screens all mental/behavioral health casualties prior to evacuation from the division. The psychiatrist and MH NCOIC provide CSC estimates, plans and advice to the Division Surgeon and are the points of contact for operational control of augmenting corps-level CSC teams.

Additionally, corps-level assets may be attached/assigned to the DSMC including Dental Forward Support Treatment Teams providing area dental support and both CSC Preventive and Fitness Teams.

The routine Combat Stress Control support in the division, in addition to the Preventive Teams as seen in the brigade area, includes CSC Fitness Team capabilities co-located with the DSMC. The CSC Fitness Team augments prevention and provides restorative care to combat stress cases for up to three days and then either return to duty or further referral to the CSC Fitness Team in the corps capable of reconditioning support.

Documentation of care provided in the division area is again accomplished and will be accessible throughout the HCD system in support of the delivery of health care to the individual. To the greatest extent practical, division medical information will be maintained in a central repository in the division as well as in the theater-level repository. Trauma care is again characterized as resuscitative (without it death or loss of limb or bodily function is inevitable); therefore it does not go beyond measures dictated by the immediate need. If care required is beyond that locally available, a medical evacuation request is initiated to transport the individual to a more appropriate level of care.

Corps and Echelons Above Corps (EAC)

The corps level is characterized as the first level of the theater health care system allowing for more specialized care of trauma and other medical cases. Care, generally less hampered by the crisis aspect as in the battalion through division areas, proceeds with a greater degree of deliberation and preparation. Additionally, in the corps rear area and as permitting, this level includes convalescent care providing casualties the care required for a full recovery of strength and stamina within the theater evacuation policy. This greater level of care is provided by the Combat Support Hospital (CSH).

Existing in two configurations, the CSH (Corps) is usually located near the division rear while the CSH (EAC) may be located throughout the echelon above corps at strategic points such as near airheads or located in allied or third party nations. Emphasis in the CSH (EAC) is restorative in nature and also includes extensive laboratory capabilities. These Combat Support Hospitals possess extensive ancillary and specialty services including pharmacy, laboratory, radiology, neuropsychiatry, and dental. Health support in the corps and EAC includes medical, dental and combat stress control units for area support.

The corps possesses two types of dental support, hospital dental support and area dental support. Hospital dental support is provided by the Dental Staff organic to the

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OV-1 High-Level Operational Concept Narrative

CSH. Area dental support, within a designated geographic area of responsibility, is provided by the Dental Company Area Support (DCAS). The DCAS provides Field Dental Clinics in the corps and EAC and is capable of deploying Forward Dental Treatment Teams, as previously discussed, to the division and brigade areas.

Deployed throughout the corps and EAC, the Area Support Medical Company and subordinate medical Treatment Teams are deployed to provide health service support ranging from sick call and stress control, to trauma care for either a geographical area or designated units without organic medical support. Services include optometry; radiology; mental/behavioral health and limited laboratory. Emergency, sustaining and limited maintaining dental care is provided. Medical Treatment Teams organic to the ASMC may operate independently for limited periods of time or reinforce/reconstitute forward units. Additionally, other corps or theater-level health care assets may augment the ASMC.

The Combat Stress Control Fitness and Preventive Teams of the CSC Detachment provides area support in the corps. CSC elements in the corps usually co-locate with Combat Support Hospitals and have the capability to provide reconditioning care to combat stress cases for up to seven days. Individuals are then either returned to duty or evacuated out of the theater. Additionally, the CSC Detachment augments area support in the corps area and deploys both Preventive and Fitness CSC Teams forward into the division and brigade areas as previously discussed. Finally, CSC assets are also allocated to provide similar support to echelon above corps.

The Army, responsible for DoD veterinary support to all military services and other DoD agencies, maintains the health of government-owned animals, as well as indigenous animals as directed, on an area support basis through deployment of two corps-level detachments. The Medical Detachment, Veterinary Surveillance locates primarily along major supply routes throughout the area of operations and provides primary veterinary medical care. The Medical Detachment, Animal Surgery is capable of comprehensive veterinary medical and surgical care to DoD units with government-owned animals, to include hospitalization for military working dogs (MWDs). This detachment usually locates near a major USAF base to facilitate the receipt, treatment, or evacuation of injured MWDs in the area of operations but also has a capability of deploying teams into high animal casualty areas for short periods. Both units however are organized into squads to enhance flexibility and mobility. As stated previously, activities performed by both veterinary elements not in support of the delivery of health care to an individual, such as Food Hygiene and Safety for food source and storage facilities, are not addressed here but in the Force Medical Protection architecture

The mission of the corps-level Forward Surgical Team (FST) is to provide far-forward (into the battalion support area) resuscitative surgical capability enabling critically injured casualties to withstand further evacuation back to the Combat Support Hospital in the corps and EAC areas. When not operationally employed forward where it is assigned to the FSMC, the FST is assigned to the CSH. Pre-operative, intra-operative, and post-operative care is documented and reported to the area surgeon as appropriate. An element of the FST may be 'pushed forward' to the Battalion Aid Station.

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OV-1 High-Level Operational Concept Narrative

Telemedicine capabilities are provided in the theater by the corps-level Medical Detachment, Telemedicine (MDT) which is composed of seven Medical Detachment Telemedicine Teams (MDT-Tm). Telemedicine includes both telementoring and teleconsultation combining the domains of clinical medicine, medical computer science and telecommunications in order to enhance the health care provided to service personnel in the theater. The MDT-Tm of the MDT may be attached to numerous units providing worldwide connectivity thus enabling consultation support on a wide range of casualty care issues.

As in areas further forward, treatment information in the Corps and EAC will also be captured and made accessible throughout the HCD system in support of the delivery of health care to the individual. Also, to the greatest extent practical, all corps and EAC medical information will be maintained in a central repository as well as in the theater-level repository, both located in the corps area.

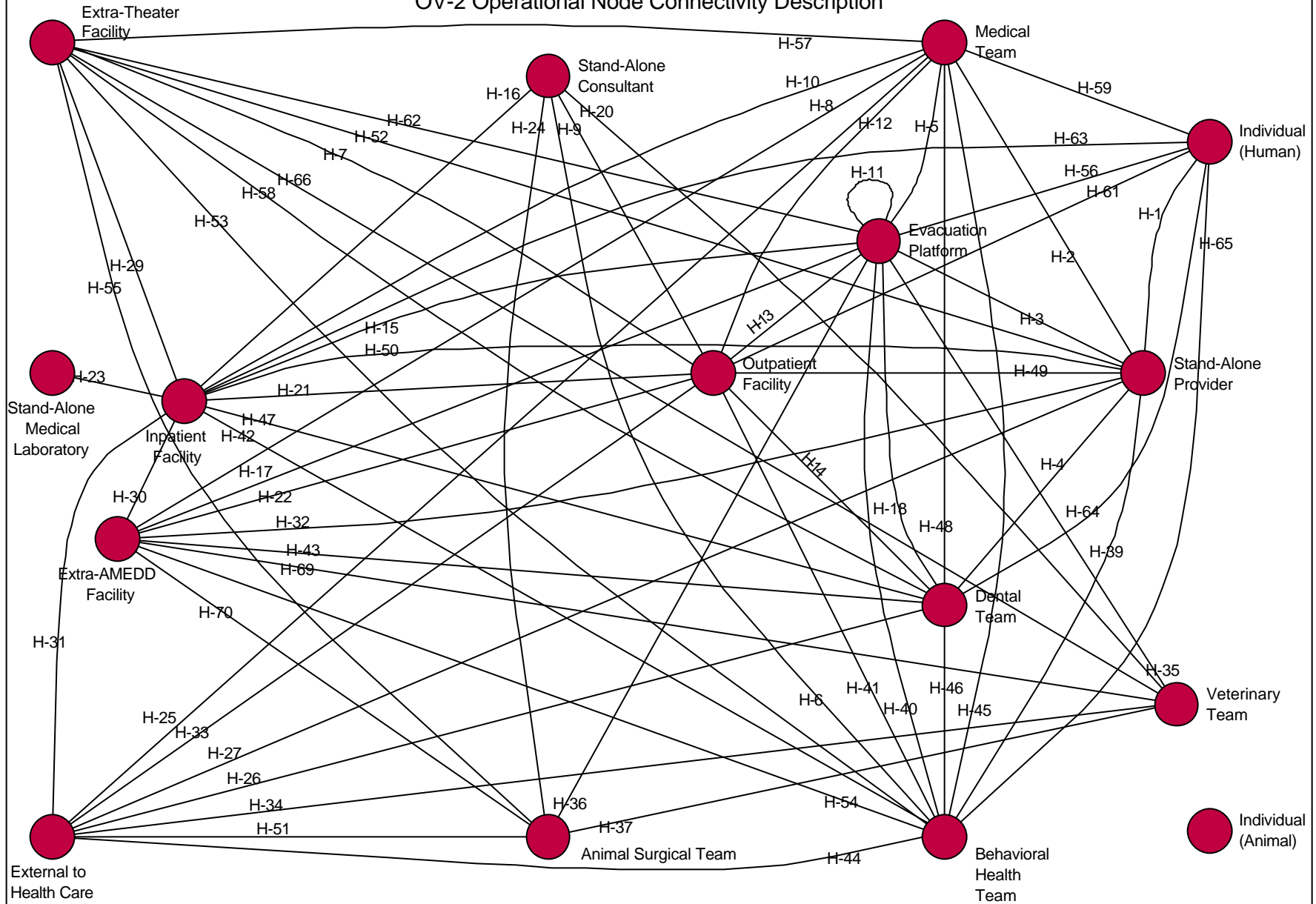
For the purposes of this architecture, care beyond that provided in the corps/EAC is considered outside the theater of operations and is therefore not addressed.

**OPERATIONAL
NODE CONNECTIVITY
DIAGRAM
(OV-2)**

AMEDD-OA-002

Health Care Delivery in a Theater of Operations AMEDD-OA-002

OV-2 Operational Node Connectivity Description



**OPERATIONAL
INFORMATION
EXCHANGE
MATRIX
(OV-3)**

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Health Care Delivery in a Theater of Operations

AMEDD-OA-002

Guide to Interpreting the Scenario Analysis Matrix

During the development of the U.S. Army Medical Department's Operational Architecture (OA) view for the Health Care Delivery (HCD) operational area, approximately 1,700 records were appended to the AMEDD's Information Exchange database. In an attempt to distill this large quantity of information into a format that is more easily reviewed and 'digested', these Scenario Analysis Matrices were developed. If more detailed information is desired for a particular entry in one of the following matrices (e.g., the frequency of exchange), please refer to the comprehensive AMEDD Operational Architecture View Information Exchange database (ov-3.mdb). In order to interpret correctly these matrices, there are a number of things that must be considered.

Things to Consider:

- 1 The name in the upper left corner of the matrix (i.e., *Evacuation Platform*, *Stand-Alone Provider*, etc.) identifies the driver for the exchange requirement in delivering health care to an individual—the location at which the provider is delivering health care.
- 2 Information exchanges documented for any given node were identified by a panel of subject matter experts as a requirement for the delivery of health care from a provider to an individual at that node. Therefore, if a given node does not provide health care to an individual, no Scenario Analysis Matrix was generated for that operational node (e.g., the *Stand-Alone Consultant*, *Stand-Alone Medical Laboratory*, *External to Health Care*, *Individual (Human)*, and *Individual (Animal)* nodes).
- 3 Nodes listed vertically across the top of the matrix are an exhaustive listing of all nodes identified on the Health Care Delivery in a Theater of Operations, Operational Node Connectivity Description (OV-2).
- 4 Identification of a requirement to exchange information between nodes does not imply that that exchange will be required for every encounter of that type. However, it does say that, in the opinion of the subject matter experts, the systems designers should plan to accommodate the capability.
- 5 This architectural view was developed in a manner such that its flexibility will enhance its utility as a 'tool' in support of many analyses both now and in the future. Although the primary purpose is the identification of communication system requirements between operational health care elements, information exchange requirements anticipated to be satisfied via non-signal means (i.e., portable storage device, hard copy, floppy disk, or EIC, etc.) have also been captured. These IERs are identified in the matrices using a non-bold character (e.g., p). Information exchange requirements anticipated to be satisfied via signal means are emphasized in the matrices using a bold character (e.g., s, **I**, **V**, and **s***).
- 6 The portable storage device or PSD is assumed, for *past* episodes of care, to contain basic textual information limited to summaries of the care provided. For the *current* episode of care, the PSD is anticipated to contain a detailed record of care provided including all types of information from basic textual to digital photograph and X-ray images.
- 7 Only the most demanding transmission mode is identified for any given connectivity between two nodes. For example, if an *Outpatient Facility*, in conducting a synchronous dental tele-consultation/ mentoring scenario with an *Extra-AMEDD Facility*, requires information exchanges anticipated to be satisfied via signal means including audio (voice), graphic, and imagery (both digital photograph and X-ray), only the code for 'Signal, Imagery (X-Ray, Photo)' or '**I**' will appear in the matrix.

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Guide to Interpreting the Scenario Analysis Matrix

- 8 In order to maintain format consistency, the 'break-out' into scenarios and tasks is repeated for each node regardless of its occurrence at that node. Each of the six scenarios (basic encounter, en route care, etc.) is depicted on the matrix for each node. Additionally, Each scenario is further sub-divided into the four tasks; medical, dental, behavioral health, and veterinary.

Finally, these matrices are limited to the identification of IERs associated with the Health Care Delivery in a Theater of Operations portion (operational area) of the comprehensive AMEDD Operational Architecture View. Please be aware that not all operational areas (i.e. Medical Logistics, Medical Force Protection, and Medical C2) have been completed at the time of this report. Therefore, as the OA view is developed for each remaining operational area, changes to the IERs identified in this portion of the AMEDD Operational Architecture View may become necessary.

Scenario Analysis

Stand-Alone Provider	Stand-Alone Medical Lab	Evacuation Platform	External to Health Care	Extra-Theater Facility	Extra-AMEDD Facility	Inpatient Facility	Outpatient Facility	Behavioral Health Team	Dental Team	Medical Team	Stand-Alone Consultant	Stand-Alone Provider	Individual (Human)	Animal Surgical Team	Veterinary Team	Individual (Animal)
Basic Encounter																
Medical	X		p	p	p	p	p	p	p	s	X		s			X
Dental	X			p	p	p	p	p	p	p	X		p			X
Behavioral Health	X		s	p	p	p	p	p			X		p			X
Veterinary	X										X					X
Synchronous Tele-Consultation/ Mentoring																
Medical										s						
Dental									s							
Behavioral Health								s		s						
Veterinary																
Asynchronous Tele-Consultation																
Medical																
Dental																
Behavioral Health																
Veterinary																
En Route Care																
Medical		s														
Dental		s														
Behavioral Health		s														
Veterinary																
Remote Health Service Referral																
Medical																
Dental																
Behavioral Health																
Veterinary																
Lab Consult																
Medical																
Dental																
Behavioral Health																
Veterinary																
Link Identification Number	X	H3	H27	H52	H32	H50	H49	H39	H4	H2	X	H1	X	X	X	X

Scenario Analysis

Medical Team	Stand-Alone Medical Lab	Evacuation Platform	External to Health Care	Extra-Theater Facility	Extra-AMEDD Facility	Inpatient Facility	Outpatient Facility	Behavioral Health Team	Dental Team	Medical Team	Stand-Alone Consultant	Stand-Alone Provider	Individual (Human)	Animal Surgical Team	Veterinary Team	Individual (Animal)
Legend:																
p - portable storage device (PSD)																
s - Signal (Audio/Textual/Graphic)																
I - Signal, Imagery (X-Ray, Photo)																
V - Signal, Imagery (Video)																
s* - Signal with Video exchange via PSD																
Basic Encounter																
Medical	X	p	s	p	s	s	s	p	p		X	s	p			X
Dental	X			p	p	p	p	p	p		X	p	p			X
Behavioral Health	X	p	s	p	p	p	p	p			X	p	p			X
Veterinary	X										X					X
Synchronous Tele-Consultation/ Mentoring																
Medical						s	s									
Dental							s		s							
Behavioral Health						s	s	s								
Veterinary																
Asynchronous Tele-Consultation																
Medical						I	I									
Dental																
Behavioral Health																
Veterinary																
En Route Care																
Medical		s														
Dental		s														
Behavioral Health		s														
Veterinary																
Remote Health Service Referral																
Medical					s	s	s									
Dental																
Behavioral Health																
Veterinary																
Lab Consult																
Medical																
Dental																
Behavioral Health																
Veterinary																
Link Identification Number	X	H5	H25	H57	H8	H10	H12	H45	H48		X	H2	H59	X	X	X

Scenario Analysis

Dental Team		Stand-Alone Medical Lab	Evacuation Platform	External to Health Care	Extra-Theater Facility	Extra-AMEDD Facility	Inpatient Facility	Outpatient Facility	Behavioral Health Team	Dental Team	Medical Team	Stand-Alone Consultant	Stand-Alone Provider	Individual (Human)	Animal Surgical Team	Veterinary Team	Individual (Animal)
Legend:																	
p - portable storage device (PSD)																	
s - Signal (Audio/Textual/Graphic)																	
I - Signal, Imagery (X-Ray, Photo)																	
V - Signal, Imagery (Video)																	
s* - Signal with Video exchange via PSD																	
Basic Encounter																	
Medical		X										X					X
Dental		X	p	s	I	I	I	I			s	X	p	p			X
Behavioral Health		X										X					X
Veterinary		X										X					X
Synchronous Tele-Consultation/ Mentoring																	
Medical																	
Dental						I	I	I									
Behavioral Health																	
Veterinary																	
Asynchronous Tele-Consultation																	
Medical																	
Dental						I	I	I									
Behavioral Health																	
Veterinary																	
En Route Care																	
Medical																	
Dental			s														
Behavioral Health																	
Veterinary																	
Remote Health Service Referral																	
Medical																	
Dental																	
Behavioral Health																	
Veterinary																	
Lab Consult																	
Medical																	
Dental																	
Behavioral Health																	
Veterinary																	
Link Identification Number		X	H18	H26	H58	H43	H47	H14	H46		H48	X	H4	H64	X	X	X

Scenario Analysis

Behavioral Health Team		Stand-Alone Medical Lab	Evacuation Platform	External to Health Care	Extra-Theater Facility	Extra-AMEDD Facility	Inpatient Facility	Outpatient Facility	Behavioral Health Team	Dental Team	Medical Team	Stand-Alone Consultant	Stand-Alone Provider	Individual (Human)	Animal Surgical Team	Veterinary Team	Individual (Animal)
Legend: p - portable storage device (PSD) s - Signal (Audio/Textual/Graphic) I - Signal, Imagery (X-Ray, Photo) V - Signal, Imagery (Video) s* - Signal with Video exchange via PSD																	
Basic Encounter																	
Medical		X										X					X
Dental		X										X					X
Behavioral Health		X		s	s	s	s	s		p	s	X	s	p			X
Veterinary		X										X					X
Synchronous Tele-Consultation/ Mentoring																	
Medical																	
Dental																	
Behavioral Health					V		V	V				V					
Veterinary																	
Asynchronous Tele-Consultation																	
Medical																	
Dental																	
Behavioral Health					s*		s*	s*				s*					
Veterinary																	
En Route Care																	
Medical																	
Dental																	
Behavioral Health			s														
Veterinary																	
Remote Health Service Referral																	
Medical																	
Dental																	
Behavioral Health																	
Veterinary																	
Lab Consult																	
Medical																	
Dental																	
Behavioral Health																	
Veterinary																	
Link Identification Number	X	H40	H44	H53	H54	H42	H41			H46	H45	H6	H39	H65	X	X	X

Scenario Analysis

Outpatient Facility	Stand-Alone Medical Lab	Evacuation Platform	External to Health Care	Extra-Theater Facility	Extra-AMEDD Facility	Inpatient Facility	Outpatient Facility	Behavioral Health Team	Dental Team	Medical Team	Stand-Alone Consultant	Stand-Alone Provider	Individual (Human)	Animal Surgical Team	Veterinary Team	Individual (Animal)
Legend:																
p - portable storage device (PSD)																
s - Signal (Audio/Textual/Graphic)																
I - Signal, Imagery (X-Ray, Photo)																
V - Signal, Imagery (Video)																
s* - Signal with Video exchange via PSD																
Basic Encounter																
Medical	X	p	s	I	I	I		p	p	I	X	p	p			X
Dental	X	p	s	I	I	I			I	s	X	p	p			X
Behavioral Health	X	p	s	p	p	s		s	s	s	X	p	p			X
Veterinary	X										X					X
Synchronous Tele-Consultation/ Mentoring																
Medical				V	V	V										
Dental				I	I	I										
Behavioral Health						V		V			V					
Veterinary																
Asynchronous Tele-Consultation																
Medical				I	I	I										
Dental				I	I	I										
Behavioral Health						V		V			V					
Veterinary																
En Route Care																
Medical		s														
Dental		s														
Behavioral Health		s														
Veterinary																
Remote Health Service Referral																
Medical						s										
Dental																
Behavioral Health																
Veterinary																
Lab Consult																
Medical						s										
Dental																
Behavioral Health																
Veterinary																
Link Identification Number	X	H13	H33	H7	H22	H21		H41	H14	H12	H9	H49	H61	X	X	X

Scenario Analysis

Inpatient Facility					Stand-Alone Medical Lab	Evacuation Platform	External to Health Care	Extra-Theater Facility	Extra-AMEDD Facility	Inpatient Facility	Outpatient Facility	Behavioral Health Team	Dental Team	Medical Team	Stand-Alone Consultant	Stand-Alone Provider	Individual (Human)	Animal Surgical Team	Veterinary Team	Individual (Animal)
Legend: p - portable storage device (PSD) s - Signal (Audio/Textual/Graphic) I - Signal, Imagery (X-Ray, Photo) V - Signal, Imagery (Video) s* - Signal with Video exchange via PSD																				
Basic Encounter																				
Medical	X	p	s	I	I					I	p	p	I	X	p	p				X
Dental	X	p	s	I	I					I	p	I	s	X	p	p				X
Behavioral Health	X	p	s	s	s					s	s	s	s	X	p	p				X
Veterinary	X													X						X
Synchronous Tele-Consultation/ Mentoring																				
Medical				V	V															
Dental				I	I					I										
Behavioral Health				V	V						V				V					
Veterinary																				
Asynchronous Tele-Consultation																				
Medical				I	I															
Dental				I	I					I										
Behavioral Health				s*	s*						s*				s*					
Veterinary																				
En Route Care																				
Medical		s																		
Dental		s																		
Behavioral Health		s																		
Veterinary																				
Remote Health Service Referral																				
Medical																				
Dental																				
Behavioral Health																				
Veterinary																				
Lab Consult																				
Medical	s			s	s															
Dental																				
Behavioral Health																				
Veterinary																				
Link Identification Number	H23	H15	H31	H29	H30						H21	H42	H47	H10	H16	H50	H63	X	X	X

Scenario Analysis

Evacuation Platform	Stand-Alone Medical Lab	Evacuation Platform	External to Health Care	Extra-Theater Facility	Extra-AMEDD Facility	Inpatient Facility	Outpatient Facility	Behavioral Health Team	Dental Team	Medical Team	Stand-Alone Consultant	Stand-Alone Provider	Individual (Human)	Animal Surgical Team	Veterinary Team	Individual (Animal)
Legend:																
p - portable storage device (PSD)																
s - Signal (Audio/Textual/Graphic)																
I - Signal, Imagery (X-Ray, Photo)																
V - Signal, Imagery (Video)																
s* - Signal with Video exchange via PSD																
Basic Encounter																
Medical	X			s	s	s	s			s	X	p				X
Dental	X			s	s	s	s		s		X					X
Behavioral Health	X			s	s	s	s	s			X					X
Veterinary	X										X					X
Synchronous Tele-Consultation/ Mentoring																
Medical				s	s	s				s						
Dental				s	s	s			s							
Behavioral Health				s	s	s	s									
Veterinary														s	s	
Asynchronous Tele-Consultation																
Medical																
Dental																
Behavioral Health																
Veterinary																
En Route Care																
Medical		s			p	p	p			p						
Dental		s			p	p	p		p	p						
Behavioral Health		s			p	p	p	p		p						
Veterinary														p		
Remote Health Service Referral																
Medical																
Dental																
Behavioral Health																
Veterinary																
Lab Consult																
Medical																
Dental																
Behavioral Health																
Veterinary																
Link Identification Number	X	H11	X	H62	H17	H15	H13	H40	H18	H5	X	H3	X	H36	H35	X

Scenario Analysis

Veterinary Team	Stand-Alone Medical Lab	Evacuation Platform	External to Health Care	Extra-Theater Facility	Extra-AMEDD Facility	Inpatient Facility	Outpatient Facility	Behavioral Health Team	Dental Team	Medical Team	Stand-Alone Consultant	Stand-Alone Provider	Individual (Human)	Animal Surgical Team	Veterinary Team	Individual (Animal)
Basic Encounter																
Medical	X										X					X
Dental	X										X					X
Behavioral Health	X										X					X
Veterinary	X		s	I							X			I		X
Synchronous Tele-Consultation/ Mentoring																
Medical																
Dental																
Behavioral Health																
Veterinary											s			s		
Asynchronous Tele-Consultation																
Medical																
Dental																
Behavioral Health																
Veterinary											I			I		
En Route Care																
Medical																
Dental																
Behavioral Health																
Veterinary		s														
Remote Health Service Referral																
Medical																
Dental																
Behavioral Health																
Veterinary																
Lab Consult																
Medical																
Dental																
Behavioral Health																
Veterinary																
Link Identification Number	X	H35	H34	H66	X	X	X	X	X	X	H20	X	X	X	H37	X

Scenario Analysis

Animal Surgical Team	Stand-Alone Medical Lab	Evacuation Platform	External to Health Care	Extra-Theater Facility	Extra-AMEDD Facility	Inpatient Facility	Outpatient Facility	Behavioral Health Team	Dental Team	Medical Team	Stand-Alone Consultant	Stand-Alone Provider	Individual (Human)	Animal Surgical Team	Veterinary Team	Individual (Animal)
Basic Encounter																
Medical	X										X					X
Dental	X										X					X
Behavioral Health	X										X					X
Veterinary	X		s	I							X				I	X
Synchronous Tele-Consultation/ Mentoring																
Medical																
Dental																
Behavioral Health																
Veterinary				s							s					
Asynchronous Tele-Consultation																
Medical																
Dental																
Behavioral Health																
Veterinary				I							I					
En Route Care																
Medical																
Dental																
Behavioral Health																
Veterinary		s														
Remote Health Service Referral																
Medical																
Dental																
Behavioral Health																
Veterinary																
Lab Consult																
Medical																
Dental																
Behavioral Health																
Veterinary																
Link Identification Number	X	H36	H51	H55	X	X	X	X	X	X	H24	X	X	X	H37	X

Scenario Analysis

Extra-AMEDD Facility	Stand-Alone Medical Lab	Evacuation Platform	External to Health Care	Extra-Theater Facility	Extra-AMEDD Facility	Inpatient Facility	Outpatient Facility	Behavioral Health Team	Dental Team	Medical Team	Stand-Alone Consultant	Stand-Alone Provider	Individual (Human)	Animal Surgical Team	Veterinary Team	Individual (Animal)
Basic Encounter																
Medical	X	p				s	s	p	s	s	X	p				X
Dental	X	p				I	I	p	I	s	X	p				X
Behavioral Health	X	p				s*	s*	s*	p	s	X	p				X
Veterinary	X										X			I	s	X
Synchronous Tele-Consultation/ Mentoring																
Medical																
Dental																
Behavioral Health																
Veterinary																
Asynchronous Tele-Consultation																
Medical																
Dental																
Behavioral Health																
Veterinary																
En Route Care																
Medical		s														
Dental		s														
Behavioral Health		s														
Veterinary		s														
Remote Health Service Referral																
Medical																
Dental																
Behavioral Health																
Veterinary																
Lab Consult																
Medical																
Dental																
Behavioral Health																
Veterinary																
Link Identification Number	X	H17	X	X		H30	H22	H54	H43	H8	X	H32	X	H70	H69	X

Scenario Analysis

Extra-Theater Facility	Stand-Alone Medical Lab	Evacuation Platform	External to Health Care	Extra-Theater Facility	Extra-AMEDD Facility	Inpatient Facility	Outpatient Facility	Behavioral Health Team	Dental Team	Medical Team	Stand-Alone Consultant	Stand-Alone Provider	Individual (Human)	Animal Surgical Team	Veterinary Team	Individual (Animal)
Basic Encounter																
Medical	X	p				s	s	p	s	s	X	p				X
Dental	X	p				I	I	p	I	s	X	p				X
Behavioral Health	X	p				s*	s*	s*		s	X	p				X
Veterinary	X										X			I	s	X
Synchronous Tele-Consultation/ Mentoring																
Medical																
Dental																
Behavioral Health																
Veterinary																
Asynchronous Tele-Consultation																
Medical																
Dental																
Behavioral Health																
Veterinary																
En Route Care																
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Behavioral Health		s														
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Veterinary																
Lab Consult																
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Dental																
Behavioral Health																
Veterinary																
Link Identification Number	X	H62	X		X	H29	H7	H53	H58	H57	X	H52	X	H55	H66	X

**COMMAND
RELATIONSHIPS
DESCRIPTION
(OV-4)**

AMEDD-OA-002

ARMY MEDICAL DEPARTMENT

Operational Architecture

Command Relationships Description

(OV-4)



HEALTH CARE DELIVERY

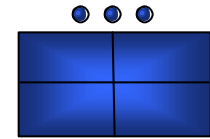


COMMAND RELATIONSHIPS

HEALTH CARE DELIVERY

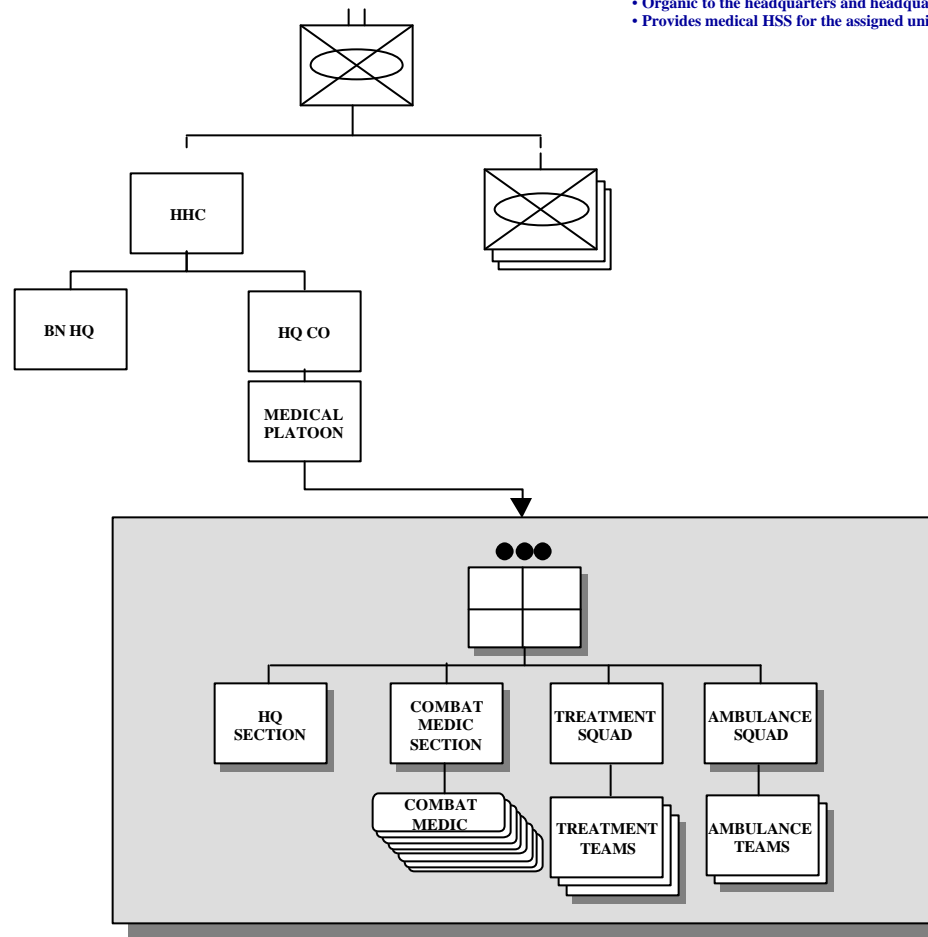
BATTALION

MEDICAL PLATOON



Medical Platoon

- Organic to the headquarters and headquarters company of the supported unit.
- Provides medical HSS for the assigned unit and other CS elements operating in sector.



COMMAND RELATIONSHIPS

HEALTH CARE DELIVERY

BRIGADE

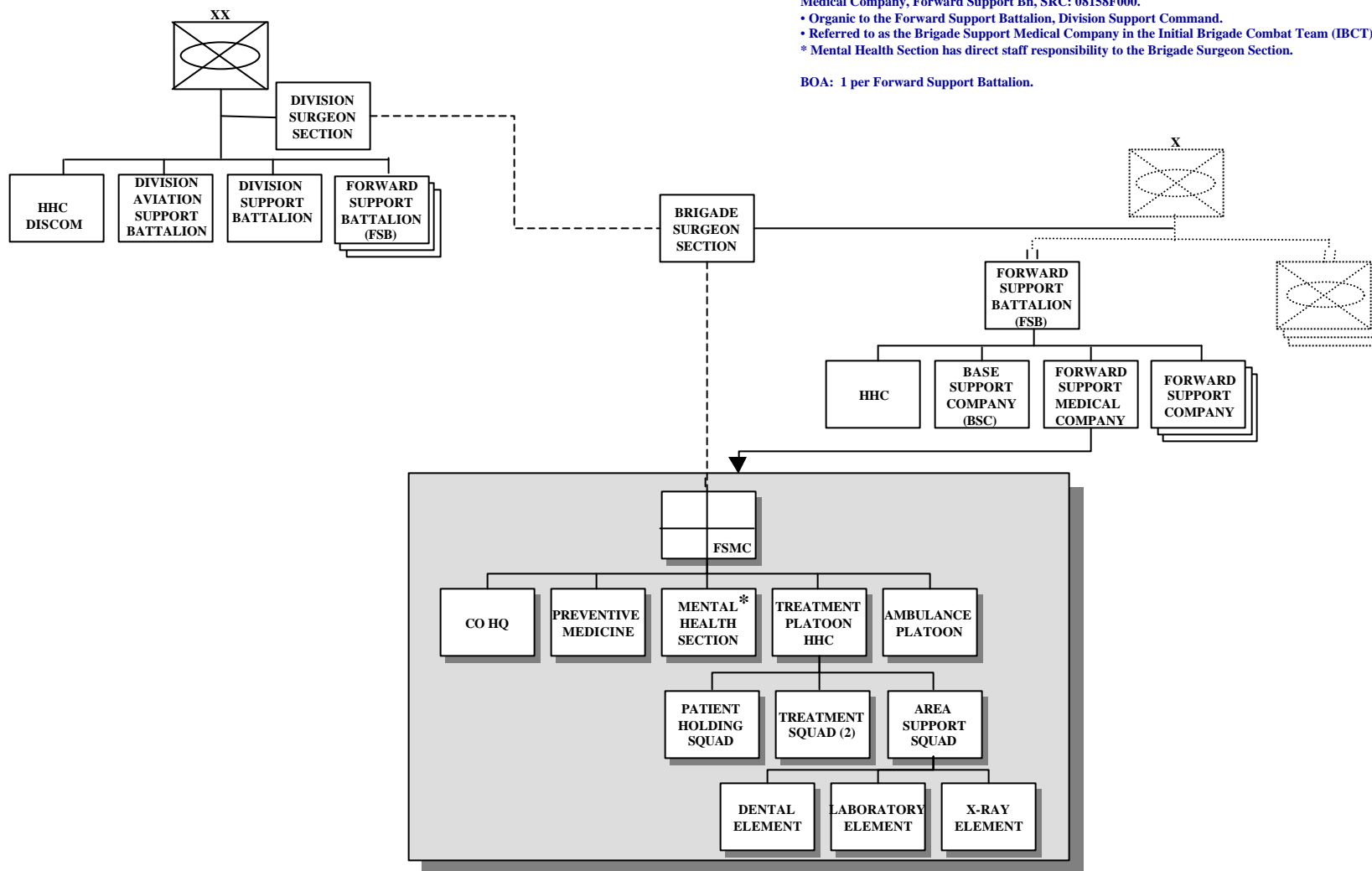
FORWARD SUPPORT MEDICAL COMPANY



Medical Company, Forward Support Bn, SRC: 08158F000.

- Organic to the Forward Support Battalion, Division Support Command.
- Referred to as the Brigade Support Medical Company in the Initial Brigade Combat Team (IBCT) concept.
- * Mental Health Section has direct staff responsibility to the Brigade Surgeon Section.

BOA: 1 per Forward Support Battalion.



COMMAND RELATIONSHIPS

HEALTH CARE DELIVERY

DIVISION

DIVISION SUPPORT MEDICAL COMPANY

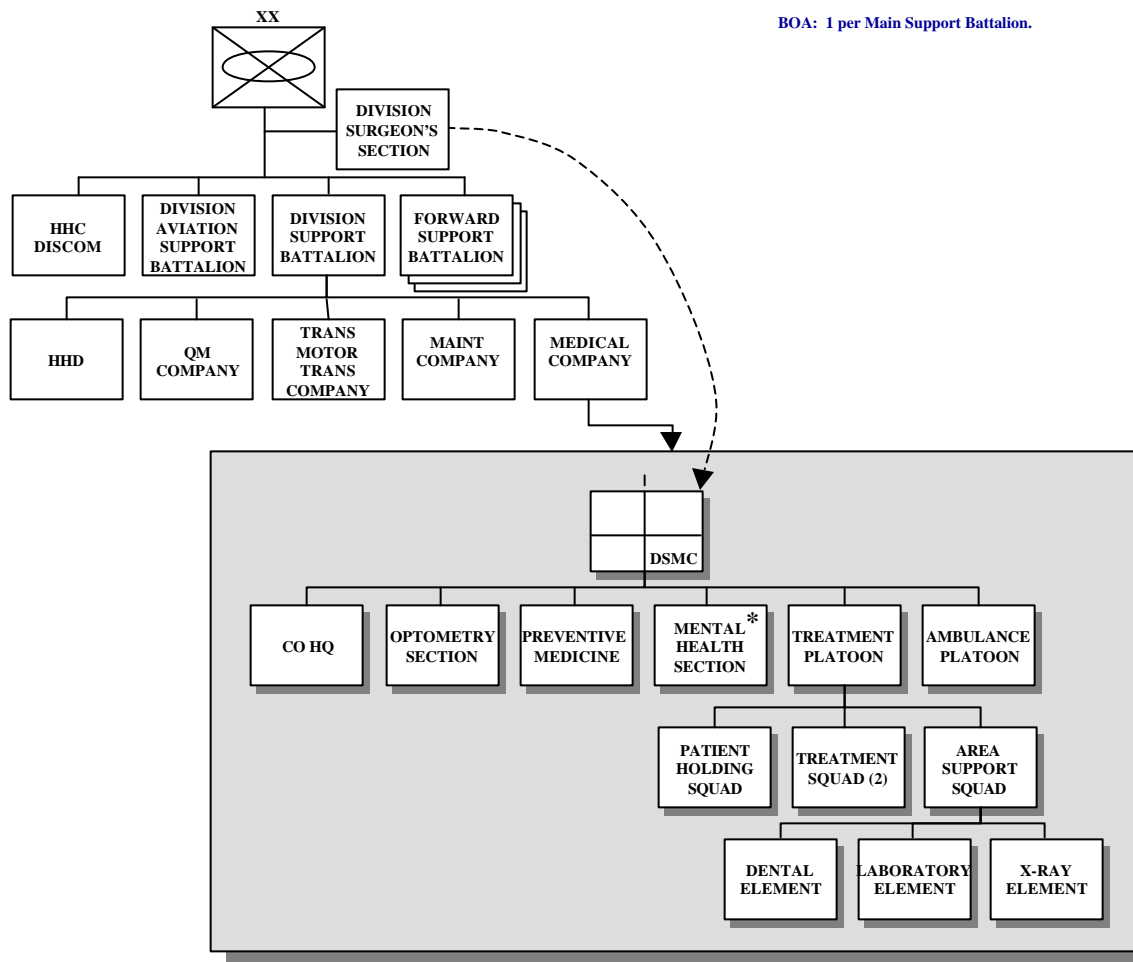


Medical Company, Division Support Bn, SRC: 08257F000.

• Organic to the Division Support Battalion, Division Support Command.

* Mental Health Section of the DSMC has staff responsibility to the Division Surgeon Section.

BOA: 1 per Main Support Battalion.

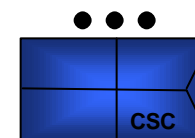


COMMAND RELATIONSHIPS

HEALTH CARE DELIVERY

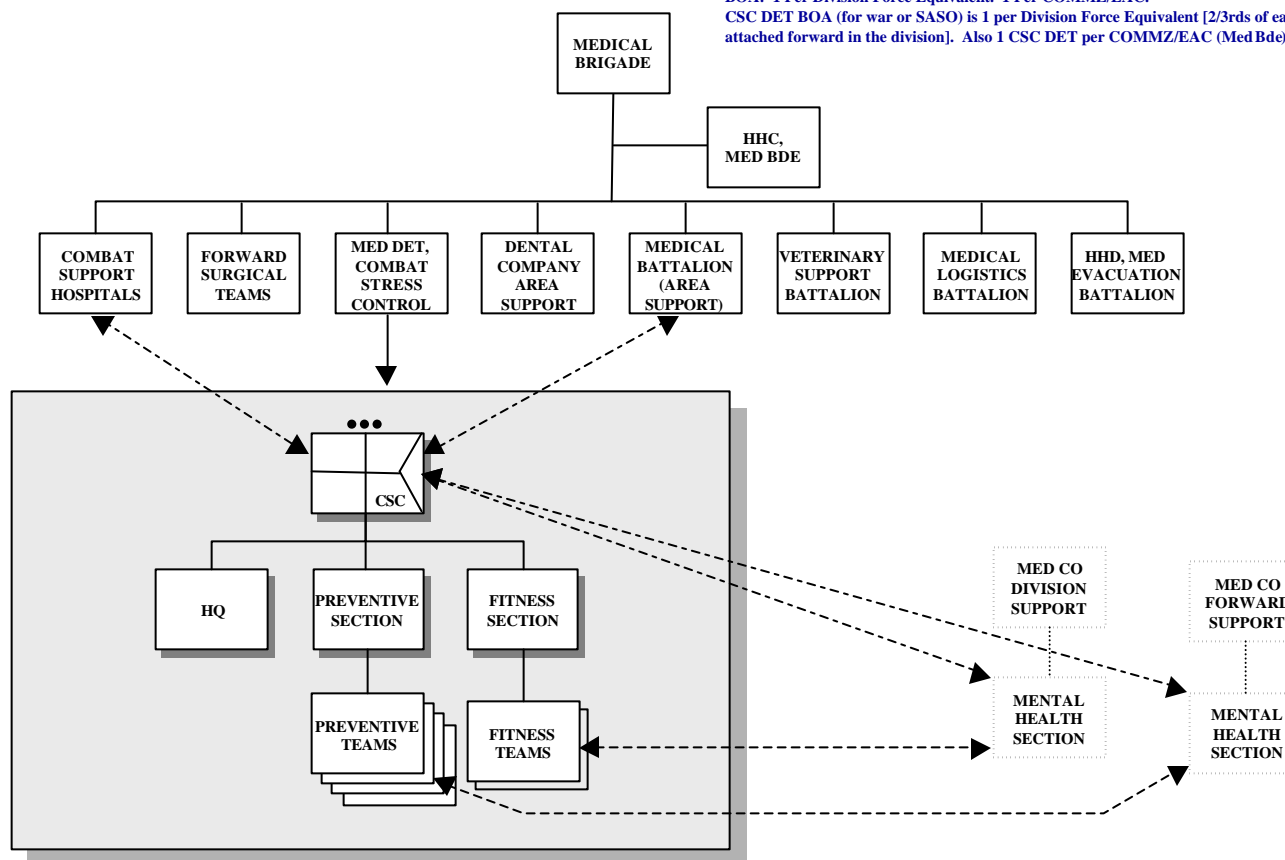
CORPS/EAC

MED DET, COMBAT STRESS CONTROL



Medical Detachment, Combat Stress Control SRC: 08567AA00. Assigned to MEDCOM or Medical Brigade.
Attaches elements to the supported divisions, separate brigades, ACR's, and collocates teams with CSHs and ASMCs.

BOA: 1 Per Division Force Equivalent. 1 Per COMMZ/EAC.
CSC DET BOA (for war or SASO) is 1 per Division Force Equivalent [2/3rds of each DET normally is attached forward in the division]. Also 1 CSC DET per COMMZ/EAC (Med Bde).

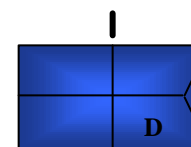


COMMAND RELATIONSHIPS

HEALTH CARE DELIVERY

CORPS/EAC

DENTAL COMPANY AREA SUPPORT

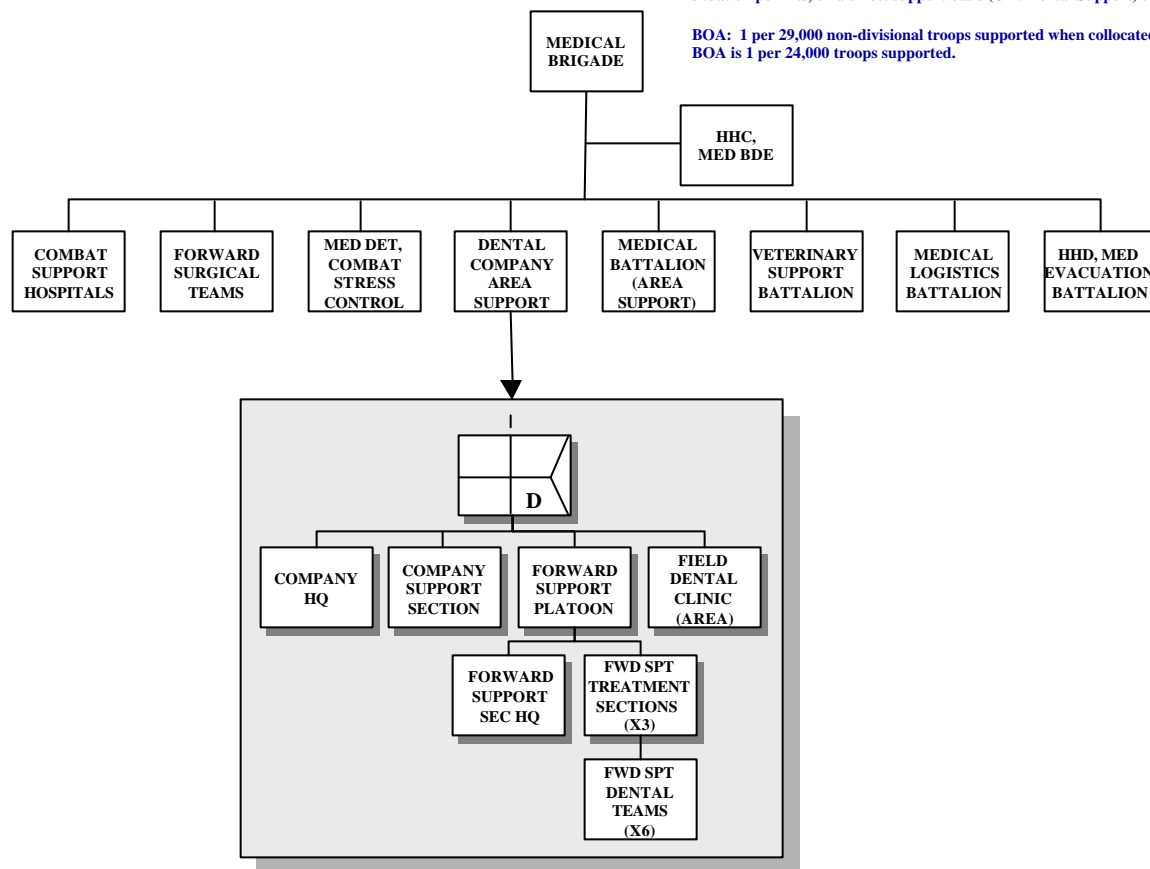


Dental Company Area Support, SRC: 08478A000. Personnel: 30/0/61, MRI (FXXI)

- Generally assigned to the Medical Brigade of the Corps MEDCOM but may also be assigned directly to a Corps or Theater MEDCOM

- Provides emergency, sustaining, and maintaining dental support on an area dental support basis (Hospital and Area Support) through the Field Dental Clinic as well as far forward emergency care, as the tactical situation permits, on a direct support basis (Unit Dental Support) through the Forward Treatment Sections

BOA: 1 per 29,000 non-divisional troops supported when collocated with a CSH or ASMB, otherwise the BOA is 1 per 24,000 troops supported.

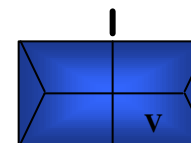


COMMAND RELATIONSHIPS

HEALTH CARE DELIVERY

CORPS/EAC

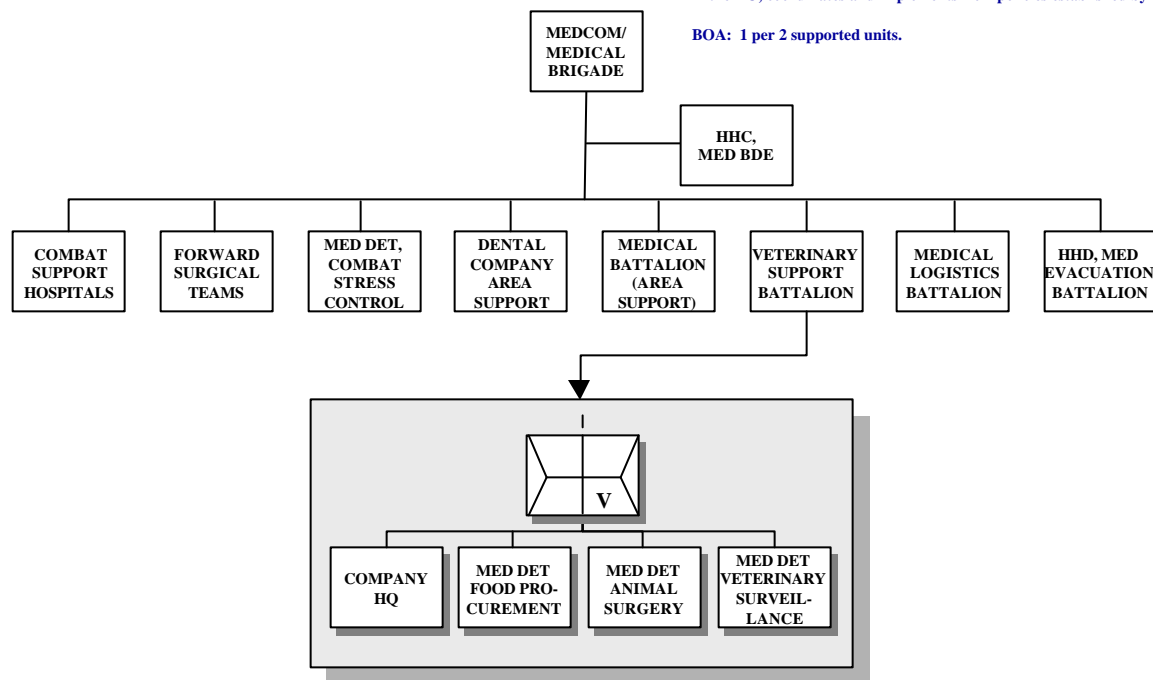
VETERINARY SUPPORT BATTALION



Veterinary Support Battalion, SRC: 08416A000. Personnel: 15 assigned (3/1/11).

- Generally assigned to the MEDCOM of Corps/Theater but may also be assigned to the Medical Brigade or directly to a Joint Task Force health service support C2 element. Also may be attached to USN, USMC, USAF, State Department, or other Federal Agencies in support of the veterinary mission as directed.
- Provides C2, coordination, administrative assistance, and technical guidance to assigned and attached units in the AO, coordinates and implements DoD policies established by the senior medical officer in the TO.

BOA: 1 per 2 supported units.

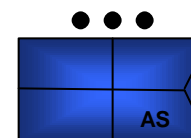


COMMAND RELATIONSHIPS

HEALTH CARE DELIVERY

CORPS/EAC

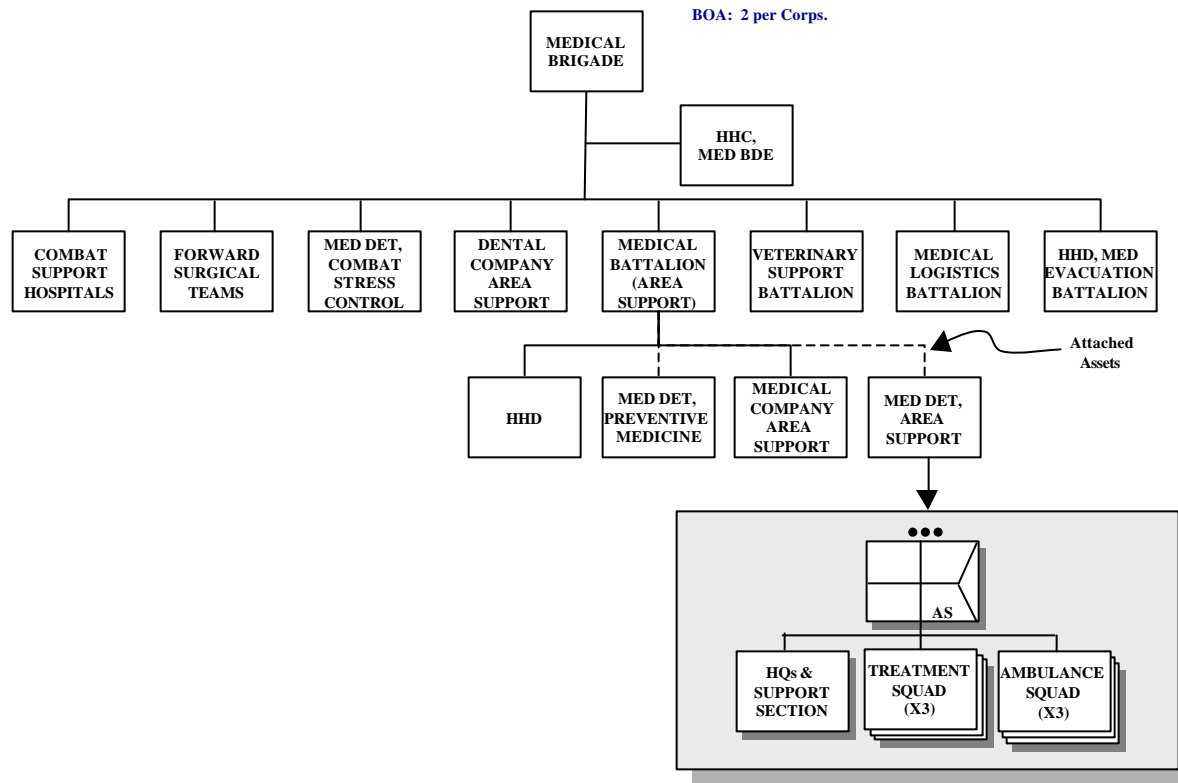
MEDICAL DETACHMENT, AREA SUPPORT



Medical Detachment, Area Support, SRC: 08753A000 .

- Assigned to the MEDCOM or Medical Brigade and attached to the Area Support Medical Battalion for C² (SRC).
- Provides HSS to divisional troop populations temporarily located in the Corps or staging/holding areas.

BOA: 2 per Corps.

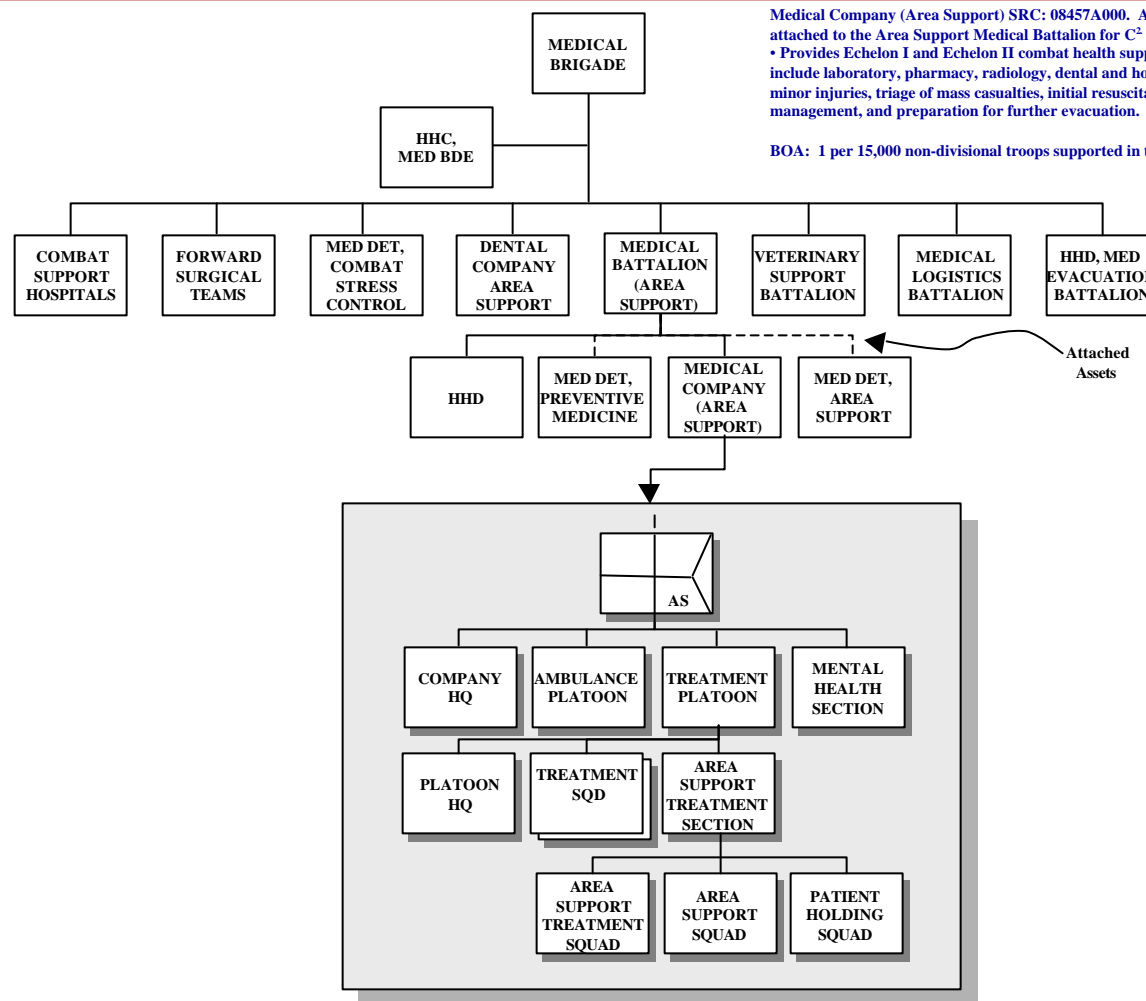
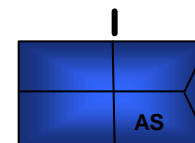


COMMAND RELATIONSHIPS

HEALTH CARE DELIVERY

CORPS/EAC

MEDICAL COMPANY (AREA SUPPORT)



Medical Company (Area Support) SRC: 08457A000. Assigned to the MEDCOM or Medical Brigade and attached to the Area Support Medical Battalion for C².
 • Provides Echelon I and Echelon II combat health support to units within the ASMC's AO. Capabilities include laboratory, pharmacy, radiology, dental and holding for the treatment of individuals with disease, minor injuries, triage of mass casualties, initial resuscitation and stabilization, advanced trauma management, and preparation for further evacuation.

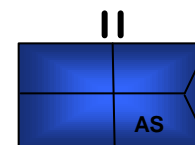
BOA: 1 per 15,000 non-divisional troops supported in the Corps and COMMZ.

COMMAND RELATIONSHIPS

HEALTH CARE DELIVERY

CORPS/EAC

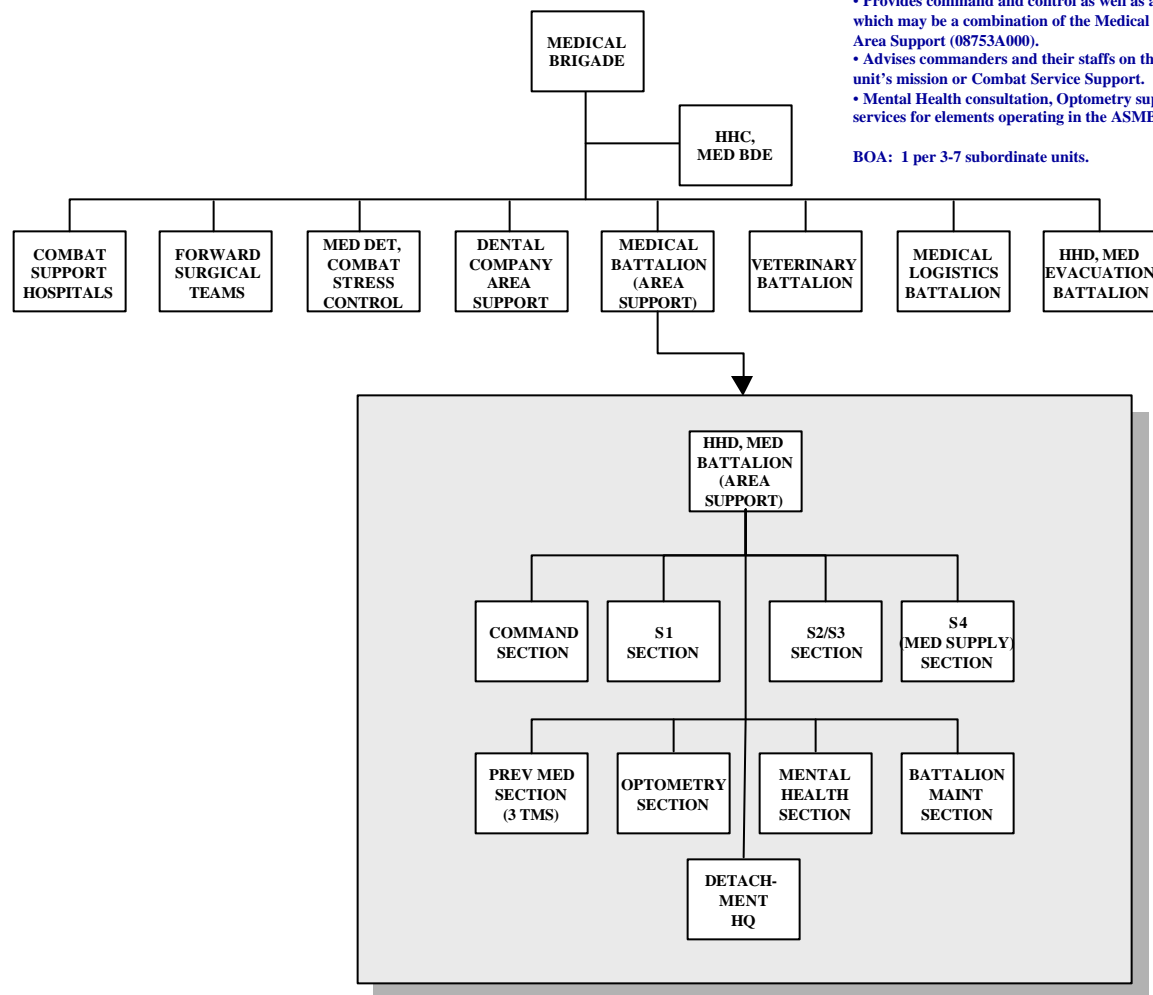
HHD, MED BATTALION (AREA SUPPORT)



Headquarters & Headquarters Detachment Medical Battalion (Area Support) SRC: 08456A0. Assigned to a Medical Brigade (08422A100/200).

- Provides command and control as well as administrative and logistical support for up to 7 subordinate units which may be a combination of the Medical Company Area Support (08457A000) and Medical Detachment Area Support (08753A000).
- Advises commanders and their staffs on the health of their command and on medical aspects affecting the unit's mission or Combat Service Support.
- Mental Health consultation, Optometry support, as well as emergency, preventive, and general Dentistry services for elements operating in the ASMB's AO.

BOA: 1 per 3-7 subordinate units.

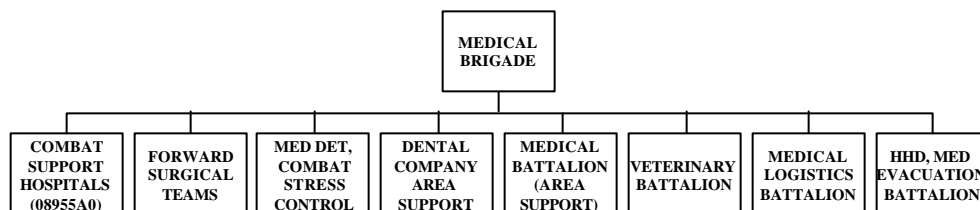
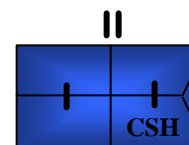


COMMAND RELATIONSHIPS

HEALTH CARE DELIVERY

CORPS/EAC

COMBAT SUPPORT HOSPITAL (CORPS/EAC)

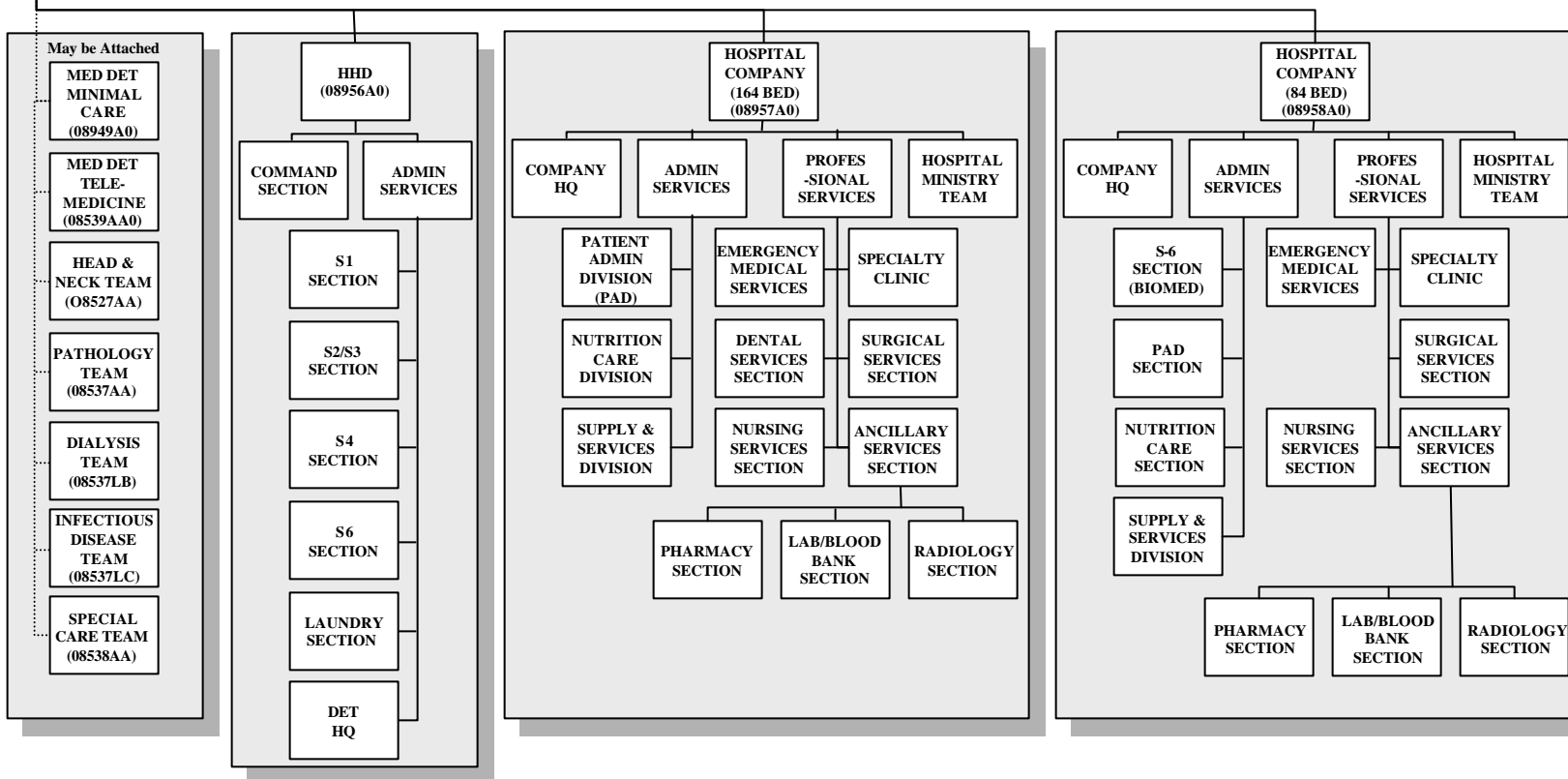


Combat Support Hospital (Corps/EAC) SRC: 08955A. Normally assigned to a HHC, Medical Brigade (08422A100/200), but may be assigned to a MEDCOM, Theater/Corps (08611A/08411A) or a Joint/Combined Task Force.

- Provides resuscitation, initial wound surgery, post-operative treatment, and RTD those individuals in the CZ who fall within the corps evacuation policy, or to stabilize patients for further evacuation.

- Provides hospitalization for up to 248 patients, 6 operating room surgical capacity, as well as pharmacy, routine & emergency dental treatment, psychiatry, community health nursing, clinical laboratory, blood banking, radiology, nutritional care, and consultation services.

BOA:

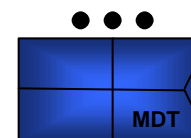


COMMAND RELATIONSHIPS

HEALTH CARE DELIVERY

CORPS/EAC

MEDICAL DETACHMENT, TELEMEDICINE

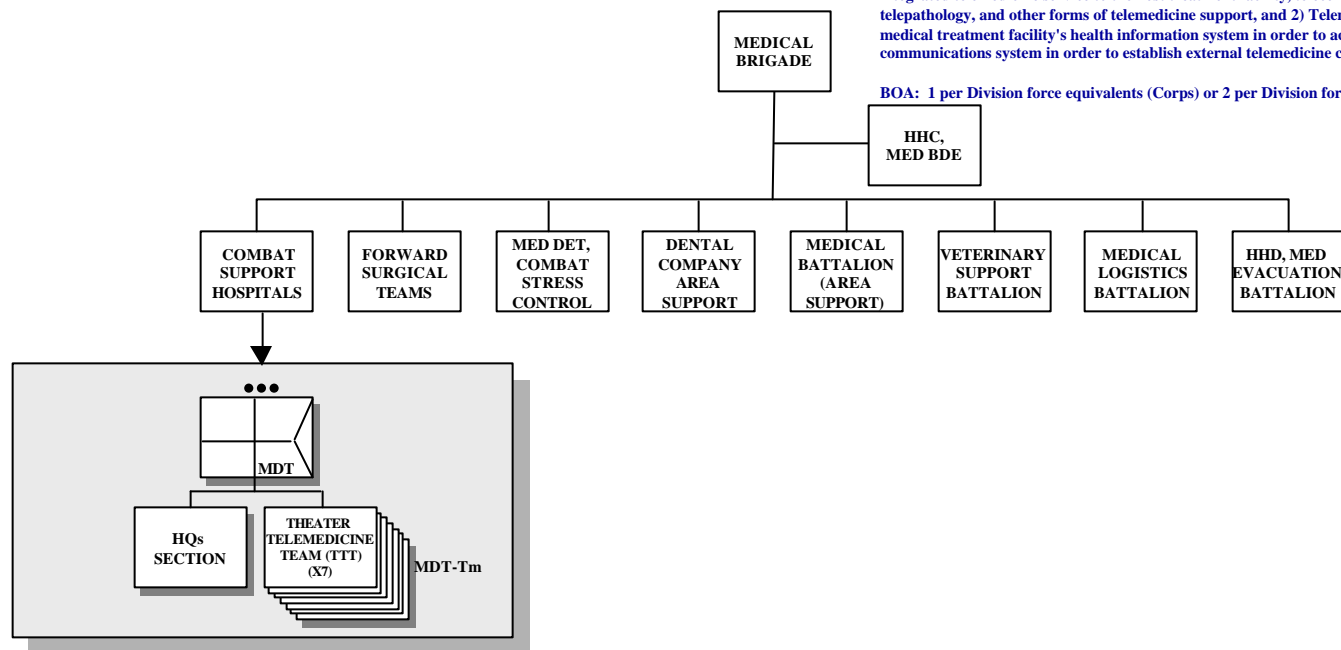


Medical Detachment, Telemedicine, SRC: 08539AA00 .

- Normally assigned to the Combat Support Hospital (08955A100/200) and further attached to the Medical Company of the Forward Support Battalion, Division Support Battalion, or Area Support Medical Battalion.

- Provides, 1) Telemedicine teams for augmentation of up to 7 medical treatment facilities providing integrated telemedicine service to the host treatment facility, teleconsultation, teleradiology, telepathology, and other forms of telemedicine support, and 2) Telemedicine links for each team to the host medical treatment facility's health information system in order to access electronic patient records and communications system in order to establish external telemedicine connectivity.

BOA: 1 per Division force equivalents (Corps) or 2 per Division force equivalents (EAC).

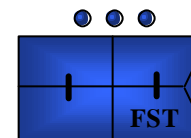


COMMAND RELATIONSHIPS

HEALTH CARE DELIVERY

CORPS/EAC

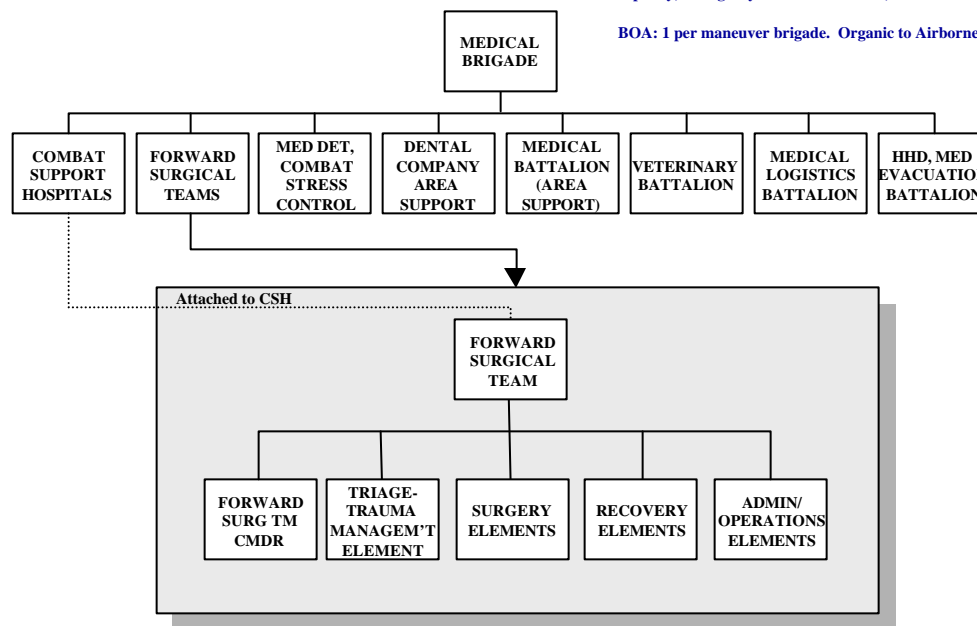
FORWARD SURGICAL TEAM



Forward Surgical Team

- SRC: 08518LA00 is assigned to a HHC, Medical Brigade (08422A100/200) but normally attached to the CSH (08705L000) when not operationally employed forward.
- SRC: 08518LB00 is organic to the DSMC (08267I000) and may be attached to a FSMC.
- Provides urgent, initial surgery for otherwise non-transportable patients with two operating table surgical capacity, emergency medical treatment, as well as initial surgery and continued postoperative care.

BOA: 1 per maneuver brigade. Organic to Airborne, Air Assault, and Armored Cavalry Regiment (ACR).

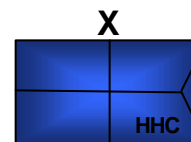


COMMAND RELATIONSHIPS

HEALTH CARE DELIVERY

CORPS/EAC

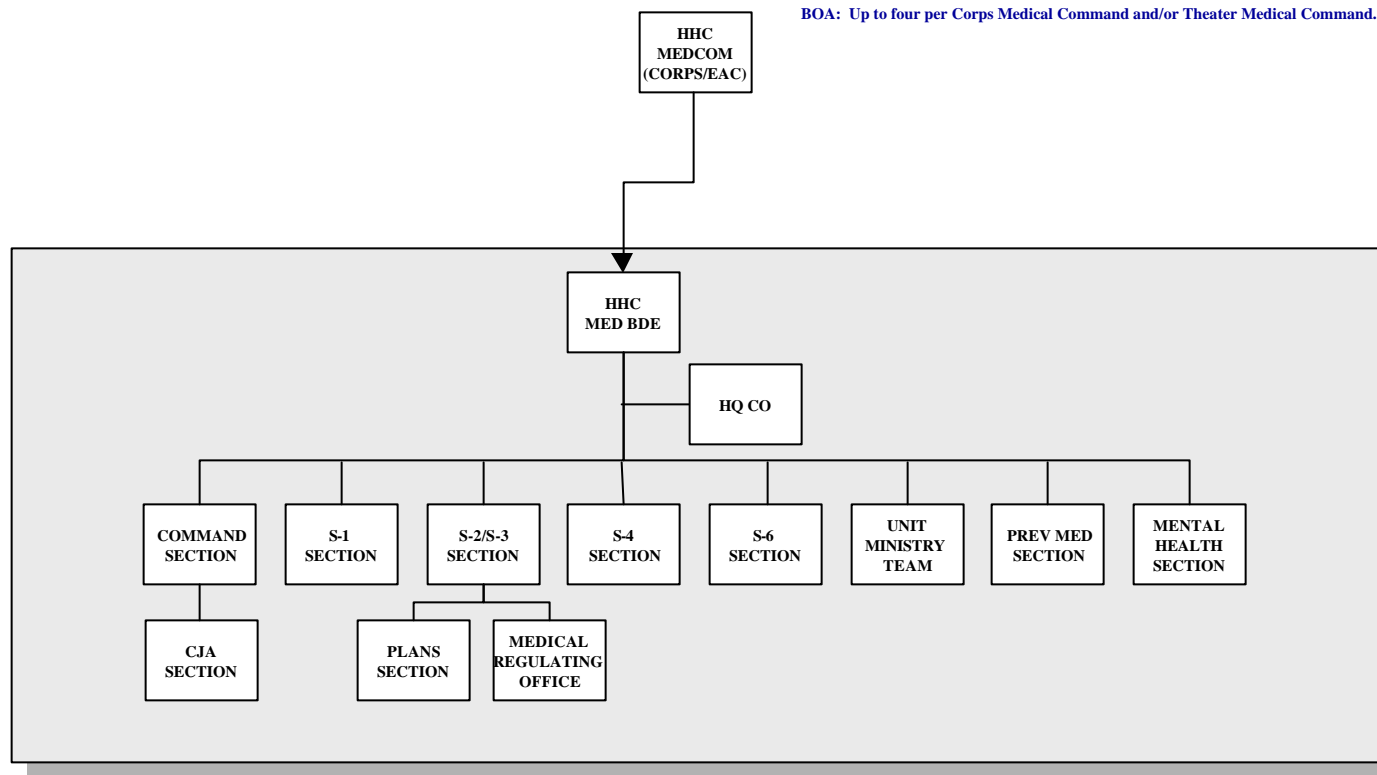
HHC, MEDICAL BRIGADE (CORPS/EAC)



HHC, Medical Brigade (Corps) SRC: 08422A100, when assigned to the HHC MEDCOM (Corps) 08411A000.
HHC, Medical Brigade (EAC) SRC: 08422A200, when assigned to the HHC MEDCOM (EAC) 08611A000.

- Provides command and control, staff planning, supervision of operations, administrative assistance, and technical supervision of assigned and attached medical units providing Combat Health Support in the Corps/EAC.
- Provides consultation services and technical advice to senior commanders on the medical aspects of their operations.

BOA: Up to four per Corps Medical Command and/or Theater Medical Command.



COMMAND RELATIONSHIPS

HEALTH CARE DELIVERY

CORPS

HHC, MEDICAL COMMAND (CORPS)

XXX

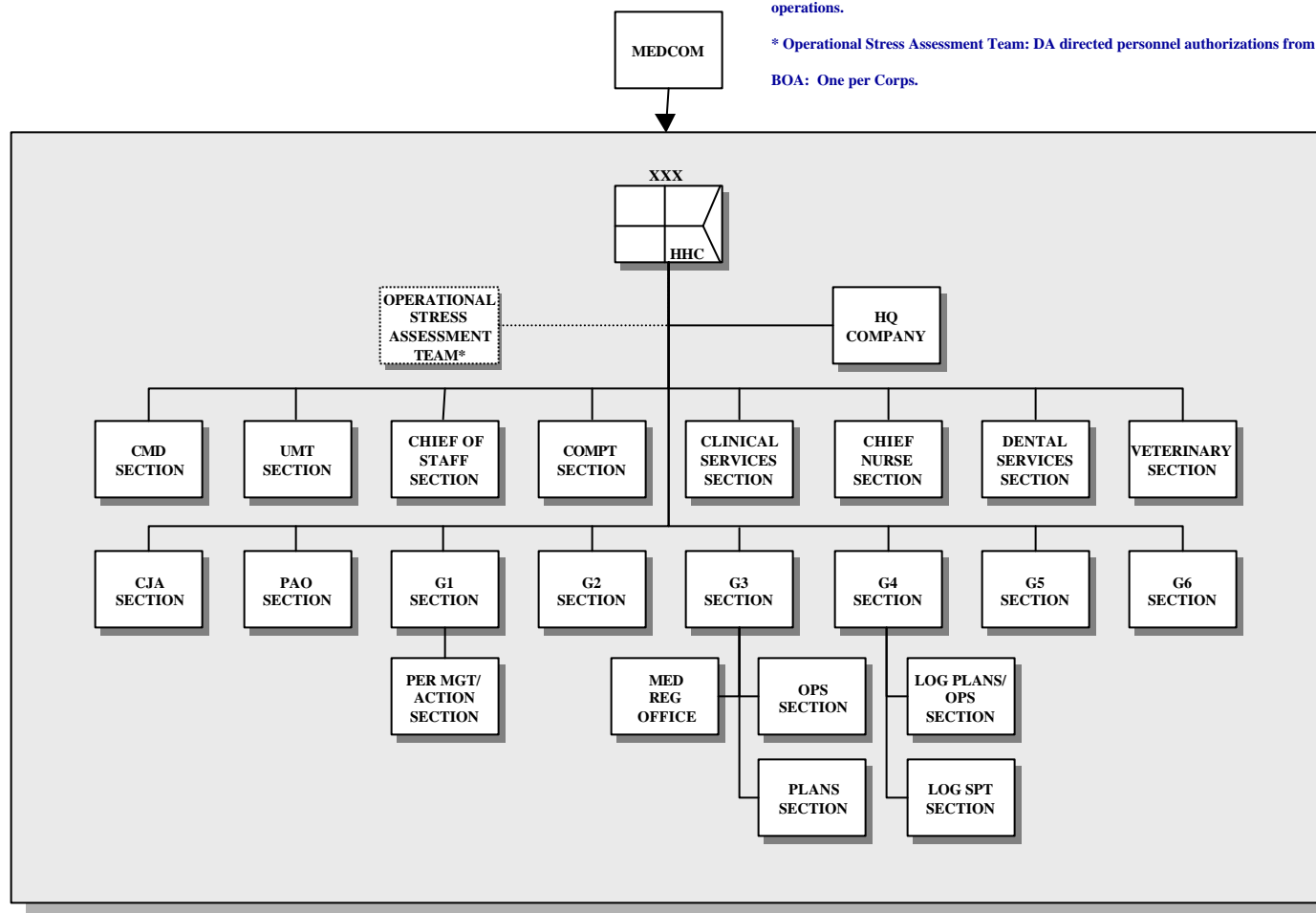


HHC, Medical Command (Corps) SRC: 08411A000. Assigned to HHC Corps (52401L100).

- Provides command and control, staff planning, supervision of operations, administrative assistance, and technical supervision of corps medical units providing Combat Health Support in a corps area of operations.
- Provides consultation services and technical advice to senior commanders on the medical aspects of their operations.

* Operational Stress Assessment Team: DA directed personnel authorizations from USAMR&MC.

BOA: One per Corps.

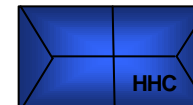


COMMAND RELATIONSHIPS

HEALTH CARE DELIVERY

EAC

XXX

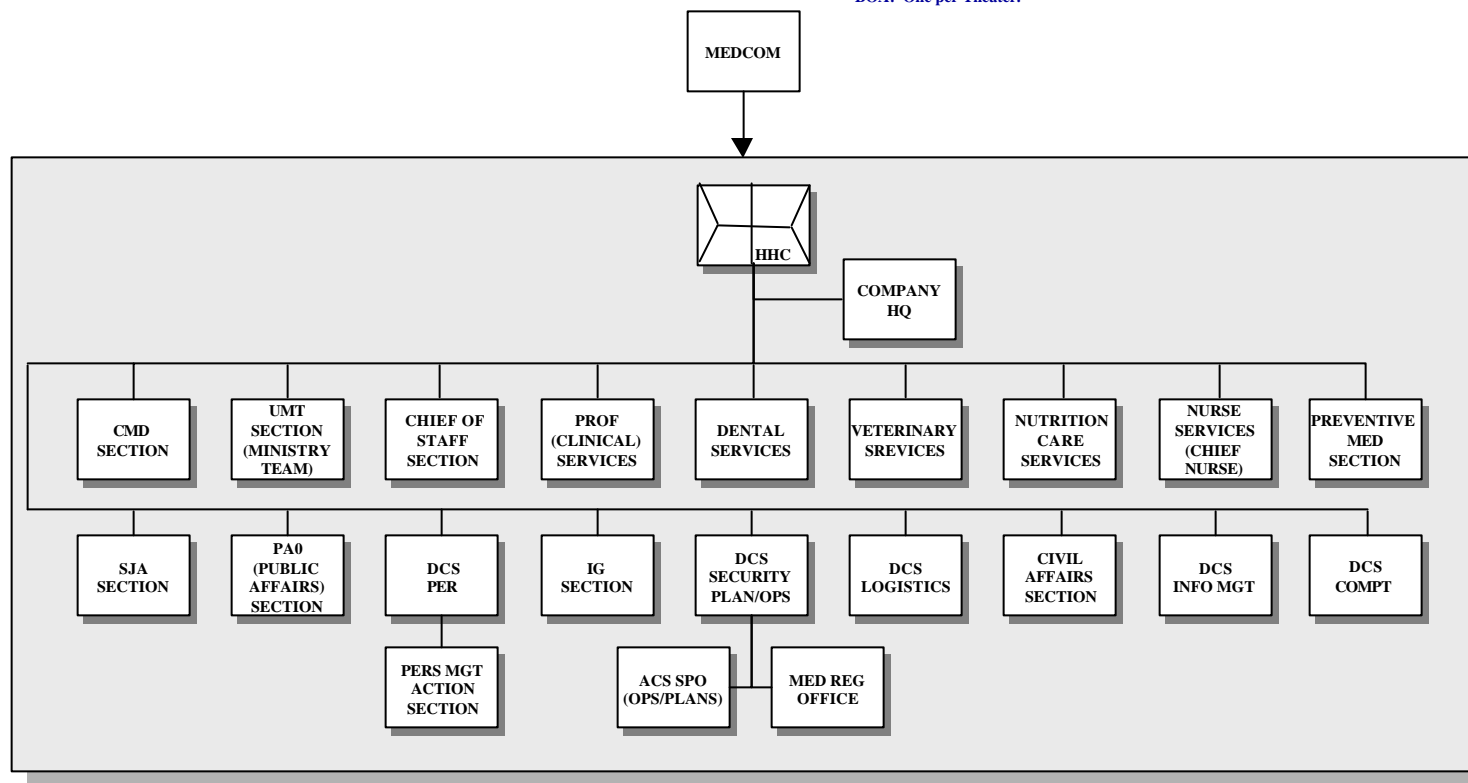


HHC, MEDICAL COMMAND (THEATER)

HHC, Medical Command (Theater) SRC: 08611A000. Assigned to the Theater Army.

- Provides command and control, staff planning, supervision of operations, administrative assistance, and technical supervision of theater medical units providing Combat Health Support in a theater of operations.
- Provides consultation services and technical advice to senior commanders on the medical aspects of their operations.

BOA: One per Theater.



ACTIVITY MODEL (OV-5)

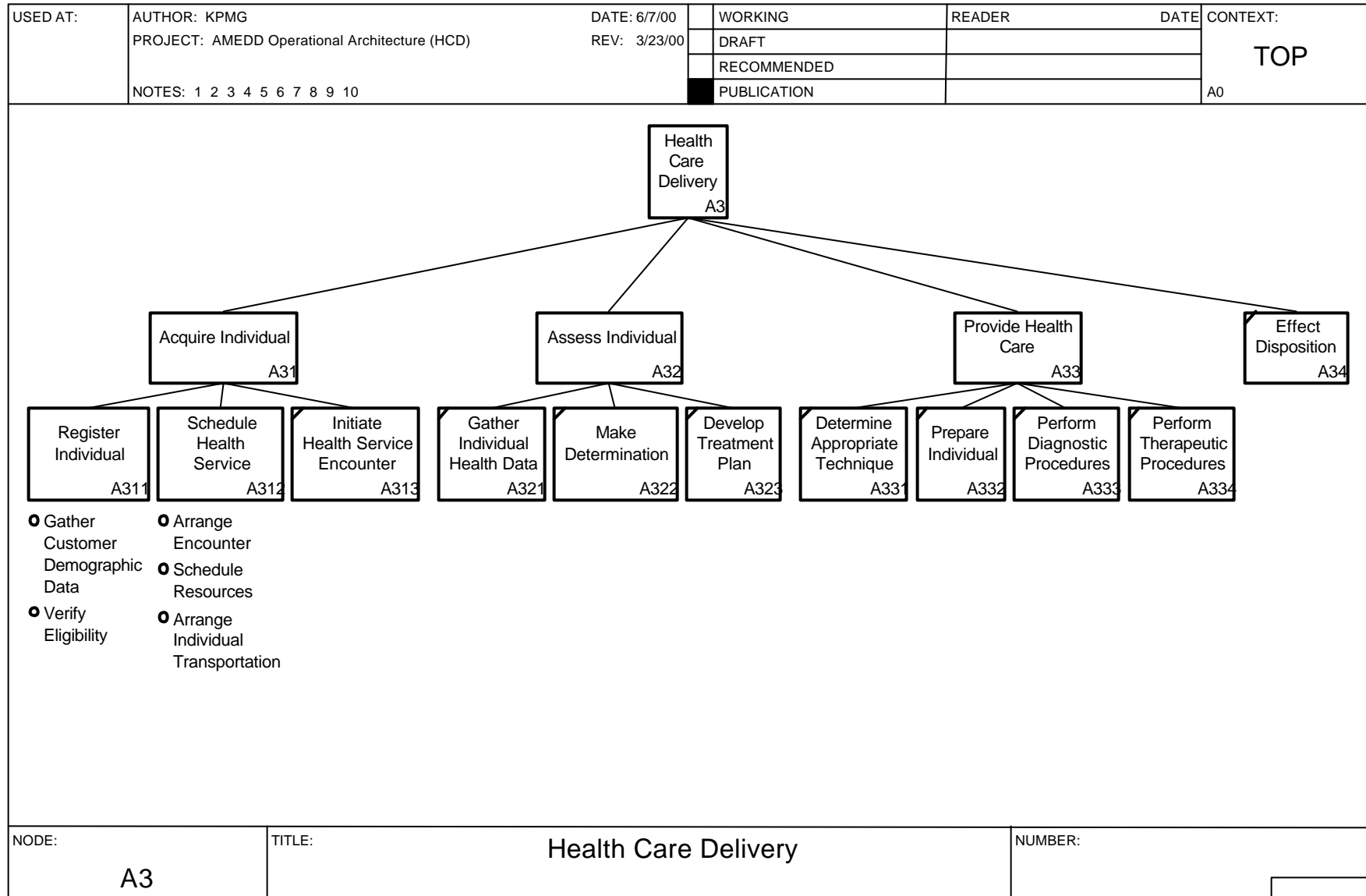
(Diagrams with Model, Activity,
and Arrow Reports)

AMEDD-OA-002

Health Care Delivery in a Theater of Operations

AMEDD-OA-002

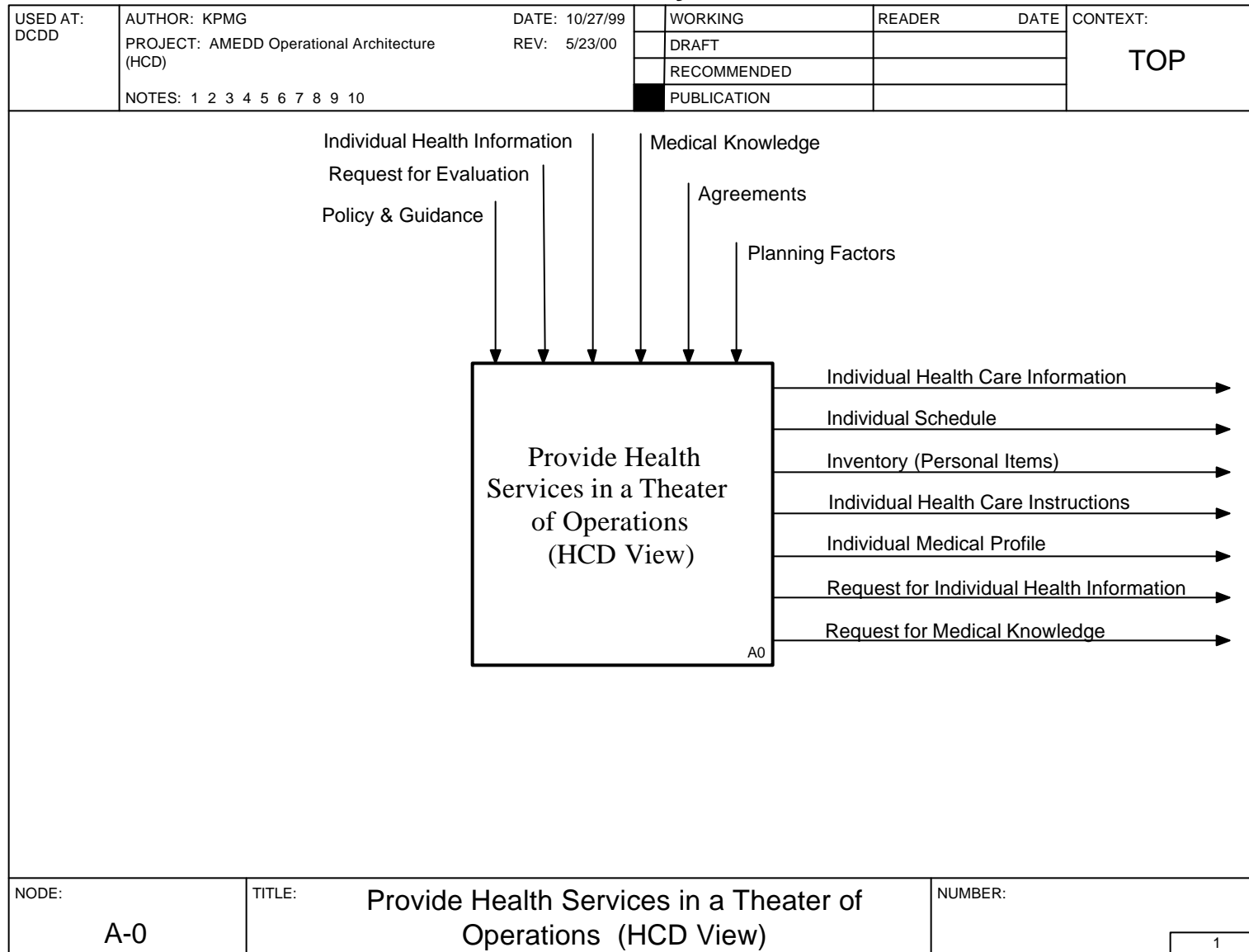
OV-5 Activity Model



Health Care Delivery in a Theater of Operations

AMEDD-OA-002

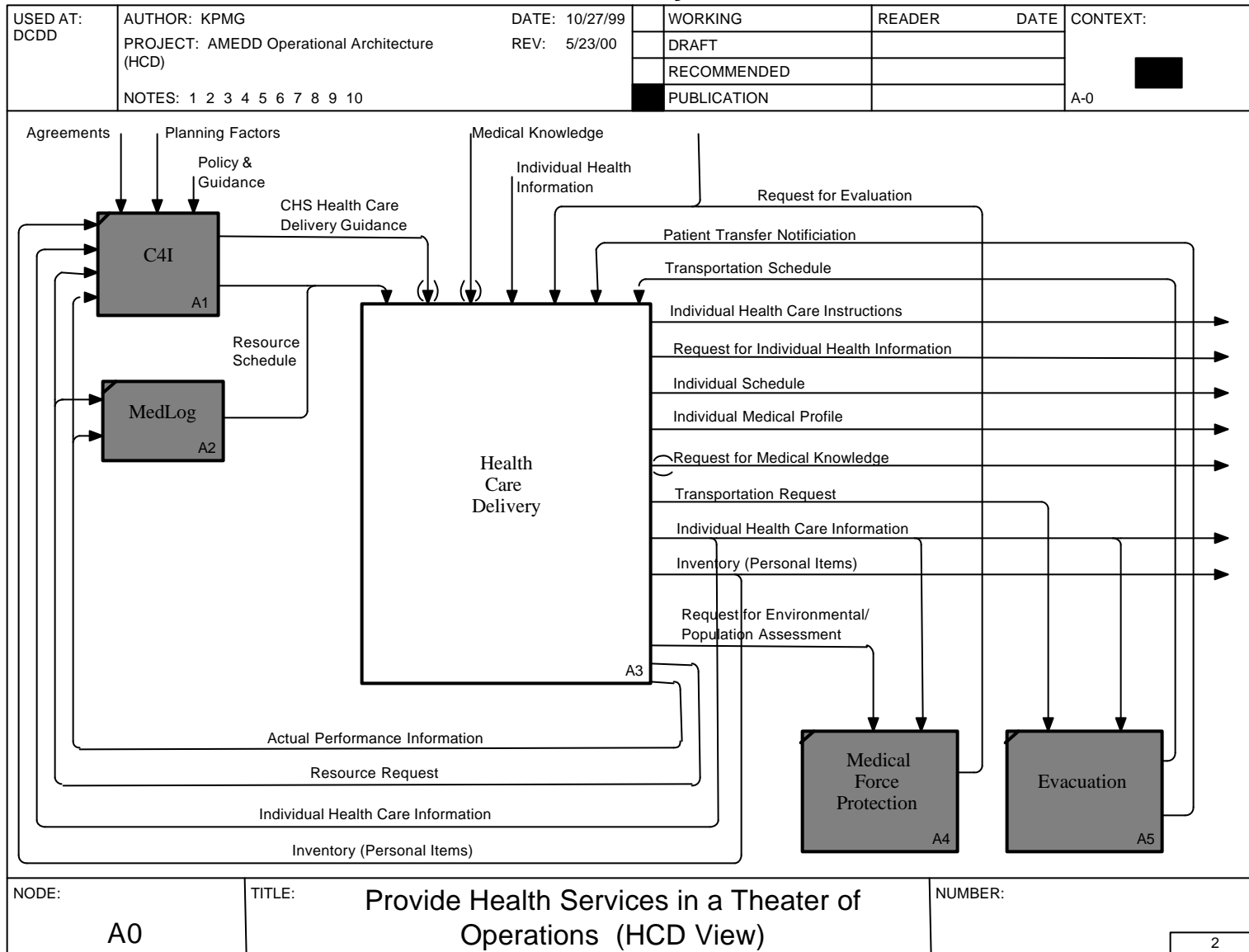
OV-5 Activity Model



Health Care Delivery in a Theater of Operations

AMEDD-OA-002

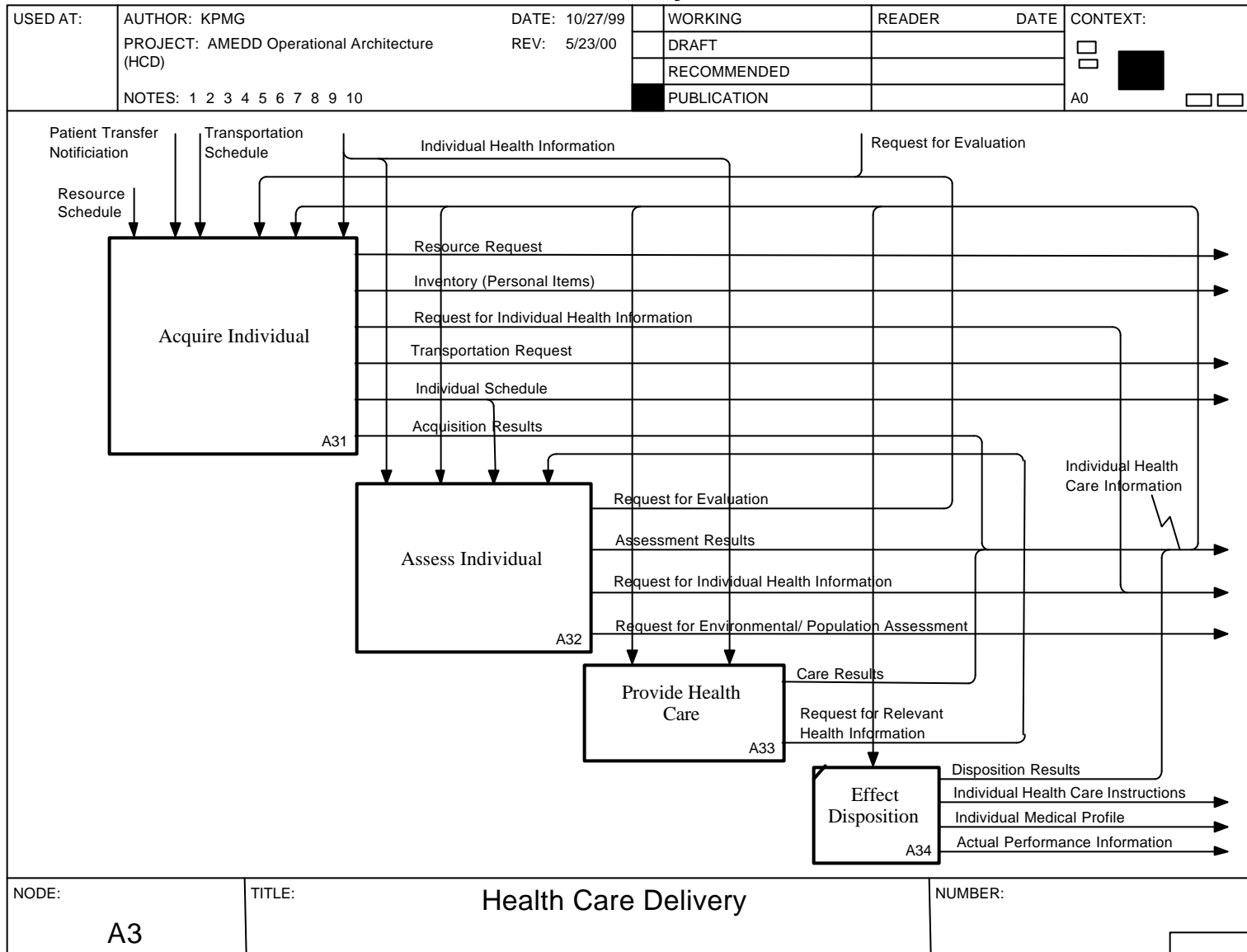
OV-5 Activity Model



Health Care Delivery in a Theater of Operations

AMEDD-OA-002

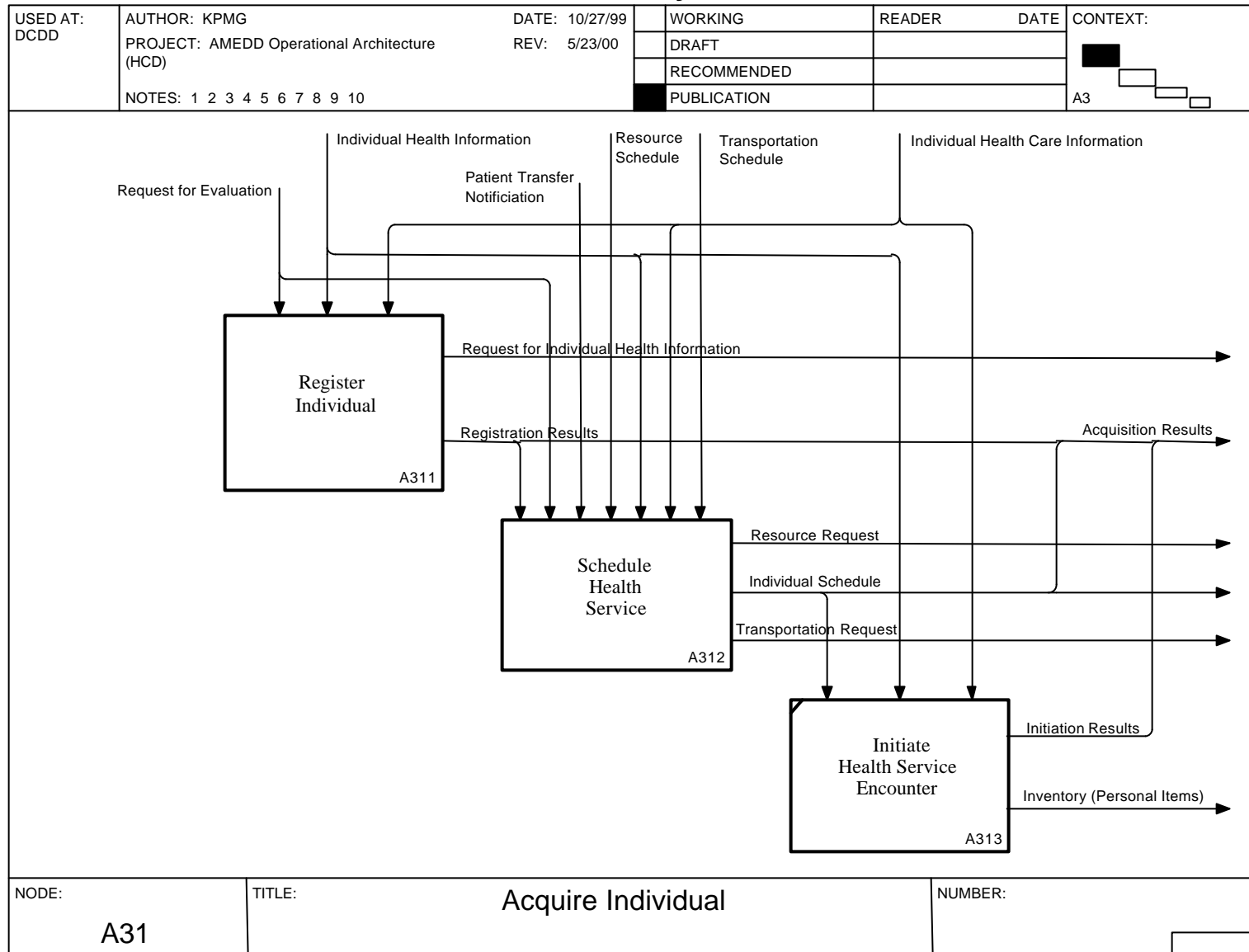
OV-5 Activity Model



Health Care Delivery in a Theater of Operations

AMEDD-OA-002

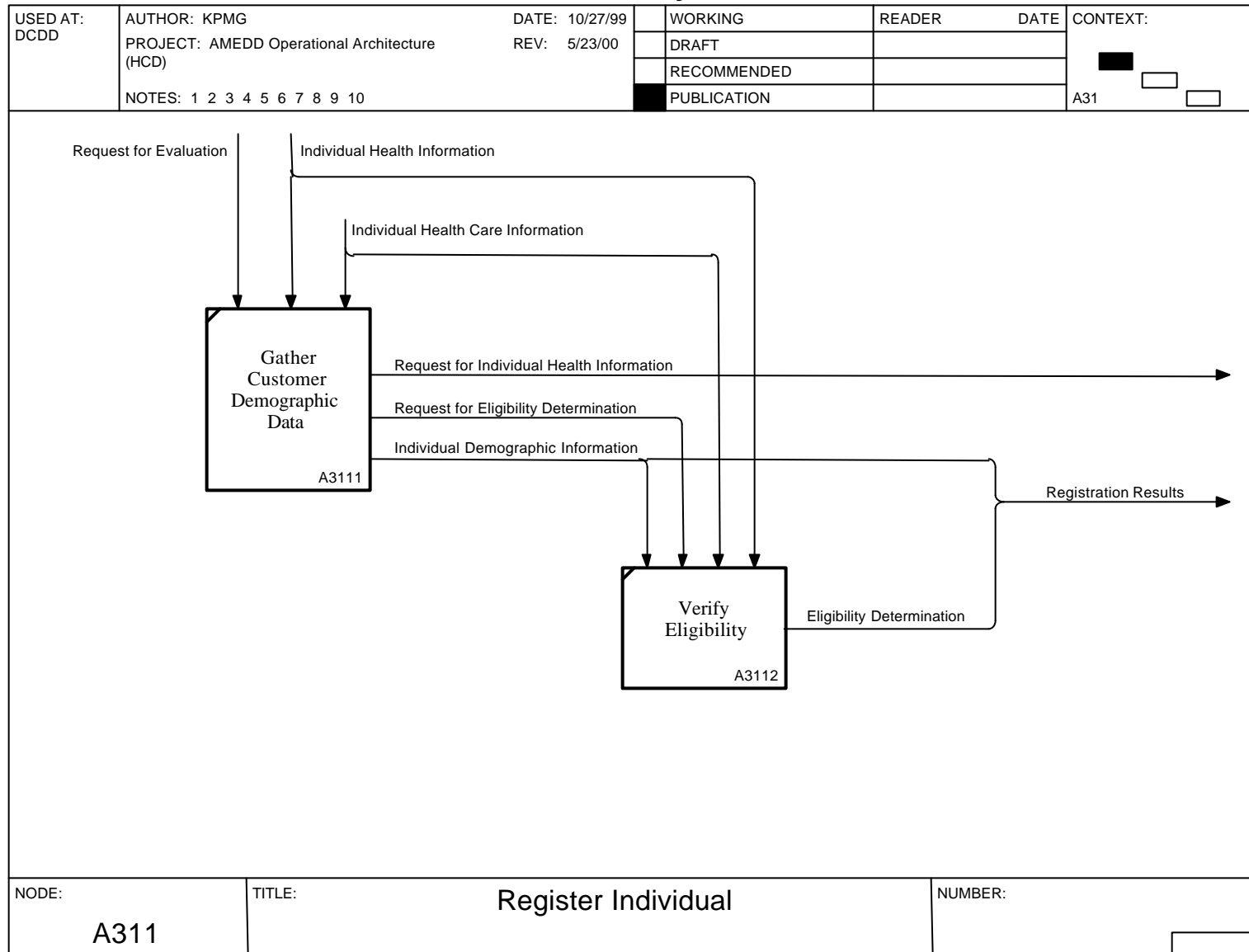
OV-5 Activity Model



Health Care Delivery in a Theater of Operations

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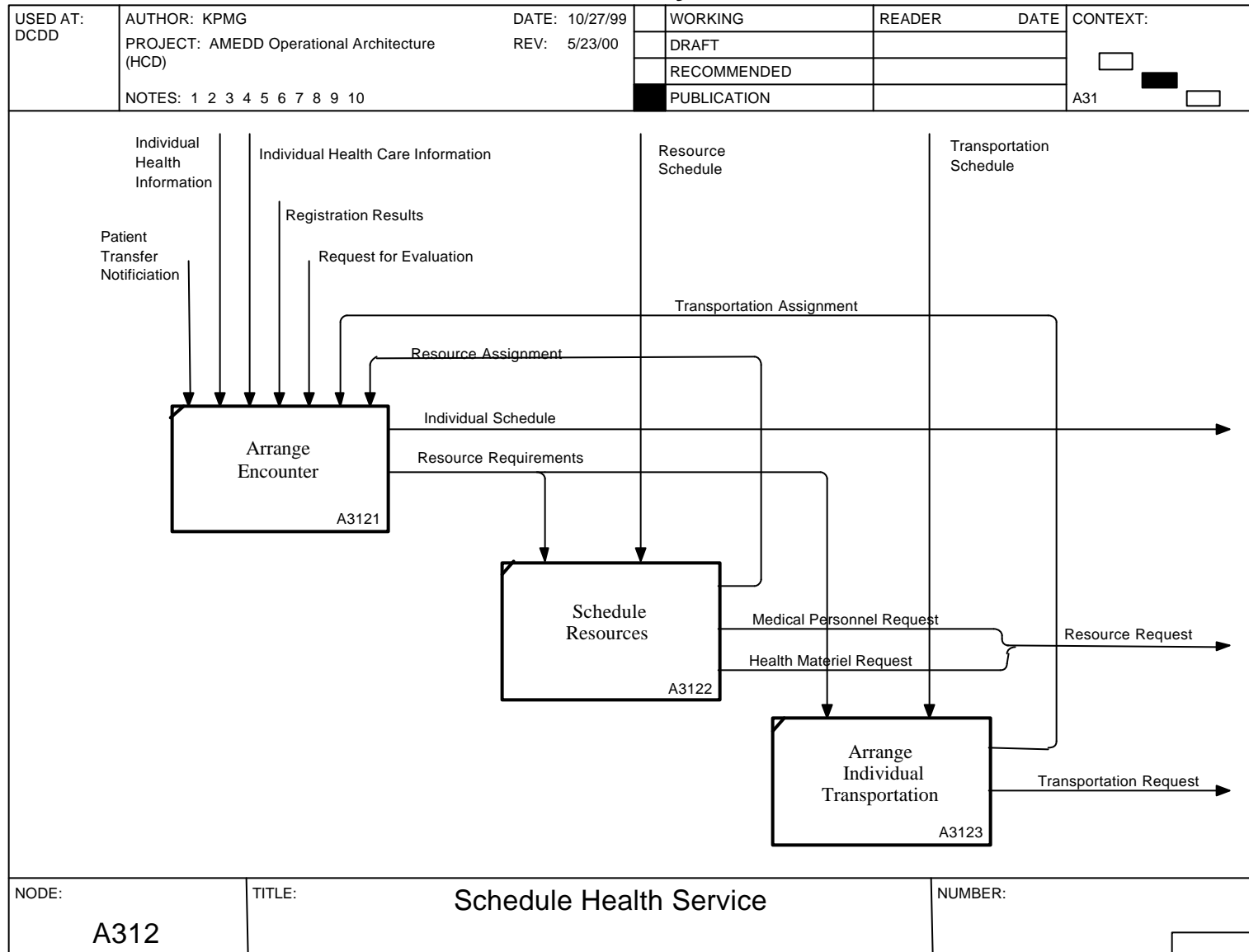
OV-5 Activity Model



Health Care Delivery in a Theater of Operations

AMEDD-OA-002

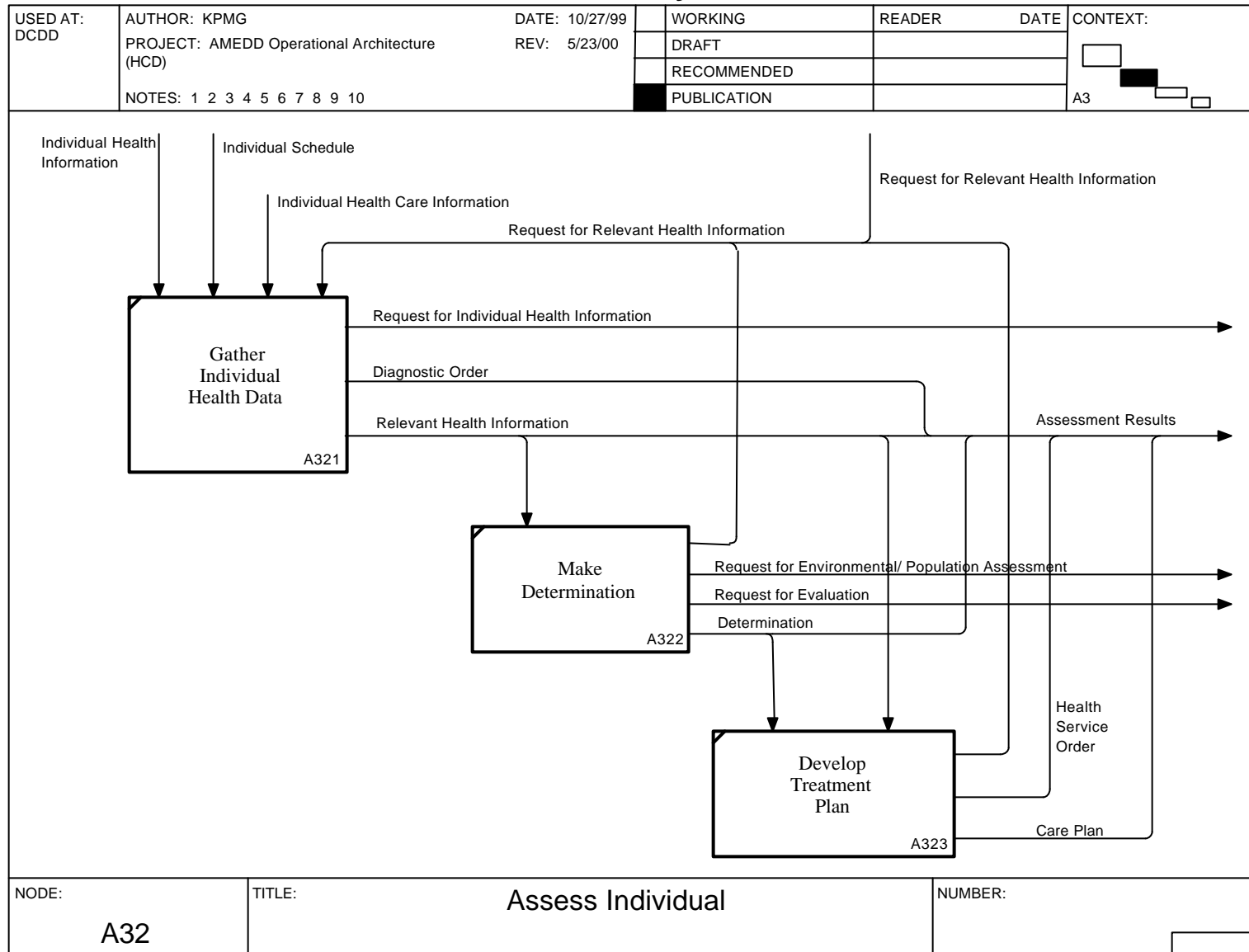
OV-5 Activity Model



Health Care Delivery in a Theater of Operations

AMEDD-OA-002

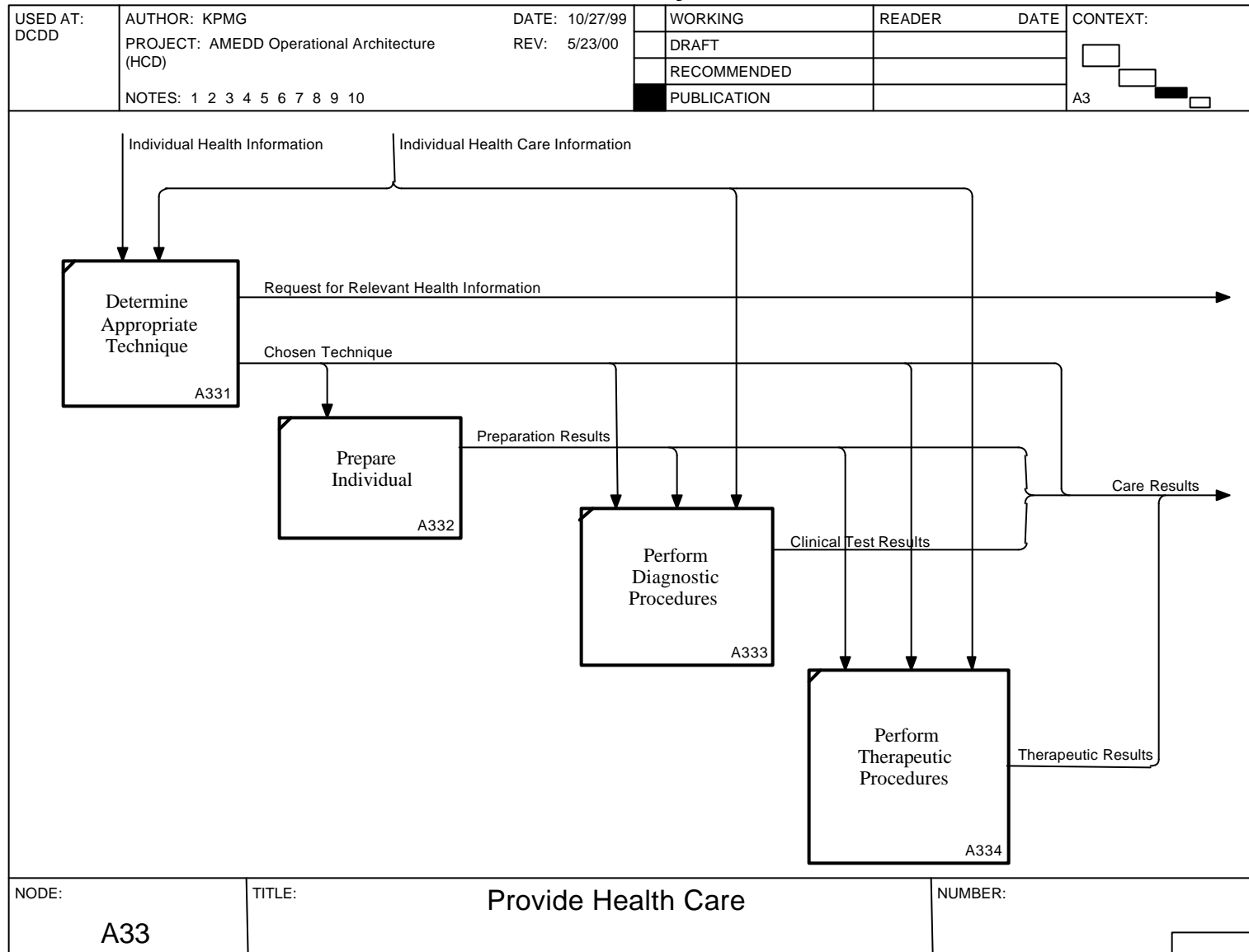
OV-5 Activity Model



Health Care Delivery in a Theater of Operations

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OV-5 Activity Model



Health Care Delivery in a Theater of Operations

AMEDD-OA-002

OV-5 Activity Model

Model Report

Model Name: Health Care Delivery in a Theater of Operations

Purpose: The purpose of the Health Care Delivery (HCD) Activity Model (AM) is to describe the basic activities associated with the delivery of health care services to an individual within a theater of operations.

Viewpoint: The HCD AM takes the perspective of the AFOR SG. It includes all activities performed by a single provider in delivering health care services to an individual.

Definition: Theater Health Care Delivery is comprised of the Treatment, Hospitalization, Dental, Combat Stress Control (CSC) Laboratory, and Veterinary functional areas (as defined in TRADOC Pamphlet 525-50). Treatment, Hospitalization, Dental, Veterinary and some aspects of CSC consist of those measures necessary to acquire, assess, provide care, and effect disposition. In this context, Treatment is restricted to outpatient and holding care while Hospitalization includes those activities necessary to treat individuals on an inpatient basis. While both Dental and CSC functional areas include the same aspects of care as does Treatment, they are focused toward maintaining the dental fitness and mental health respectively of individuals in theater. Although CSC is primarily a function of Medical Force Protection, all aspects of CSC treatment, such as the rapid reversal of dysfunctional stress reactions (battle fatigue), are included in this operational architecture. For the purposes of OA, Veterinary includes only those aspects of the function relating to the delivery of health care to US government-owned and/or indigenous animals. Finally, the Laboratory functional area, in the context of this OA, includes only those clinical processes necessary to support the delivery of theater health care.

Scope: This activity model describes the fundamental activities associated with the functional area of health care delivery within a theater of operations. The activity model identifies the activities and their information flow relationships from a purely functional perspective. As such, the model is independent of organizational, temporal or system influences. These aspects of the operational architecture will be addressed in follow-on development activities that will use this model as a basis. The movement of resources and equipment between activities is not modeled-only the information required enabling their movement.

Time Frame: 2010 (TO BE)

Sources: 1. Subject Matter Experts:

- COL Anita Schmidt - Hospitalization
- LTC Darrell Duncan - Hospitalization/Treatment
- LTC Stephen Rudzki - Hospitalization/Treatment/Telemedicine
- MAJ Robert Pugh - Treatment
- COL James Stokes - Combat Stress Control
- COL Barry Moore - Dental
- LTC Priscilla Hamilton - Dental
- LTC Earl Grant - Laboratory
- MAJ Mark Bohannon - Veterinary
- MAJ Bill Hogan - Medical Operations
- MAJ Toni Jackman - Patient Administration (PAD)

Health Care Delivery in a Theater of Operations

AMEDD-OA-002

OV-5 Activity Model

- SFC Jose Maldonado - Patient Administration (PAD)

2. MHS Functional Area Activity Model (FAM-A) Version 7.0

Health Care Delivery in a Theater of Operations

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OV-5 Activity Model

Activity Report

Activity Name: Provide Health Services in a Theater of Operations (HCD View)

Activity Definition: Provide the direction, resources, health care providers, and other means necessary to promote the health of the beneficiary population. This includes developing and promoting health awareness issues to educate individuals, discovering and resolving environmentally based health threats, providing health services, including preventive care and problem intervention, and improving the means and methods for maintaining the health of the beneficiary population by constantly evaluating the performance of the health care services system.

Activity Name: C4I

Activity Definition: Define the vision, mission, goals, cultural values, strategies, objectives, policies, and standards for the CHS, developing and promulgating long-range as well as immediate plans that influence the execution of CHS functions. Identify high-level resource requirements and the existing and target health status of the beneficiary population. Provide unit administration required to support the execution of health service activities.

Activity Name: MedLog

Activity Definition: Ensure that the CHS has the necessary medical material resources to accomplish its mission by managing health care materiel and facilities.

Activity Name: Health Care Delivery

Activity Definition: Activities directly associated with the delivery of health care to individuals who are in need of care. Includes acquiring and assessing the individual with the objective of determining a medical diagnosis and appropriate treatment plan; providing health services as appropriate; and effecting disposition of the individual. Also includes management of the individual personal items and the documentation of care provided.

Activity Name: Acquire Individual

Activity Definition: Administrative actions associated with the 1) registration of an individual (capture of demographics), 2) screening/verification of their eligibility for care, 3) scheduling of the individual and required resources for required health services, and 4) administrative actions necessary to initiate the health service encounter. May include the inventory and control of personal and organizational items in possession of the individual. May require unit personnel to transit short distances in order to collect patient (e.g. receipt and transportation of a patient from the medical evacuation system).

Activity Name: Register Individual

Activity Definition: Administrative registration of an individual (capture demographics) and screening/verification of the eligibility for care. May require unit personnel to transit short distances in order to collect patient (e.g. receipt and transportation of a patient from the medical evacuation system).

Health Care Delivery in a Theater of Operations

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OV-5 Activity Model

Activity Name: Gather Customer Demographic Data

Activity Definition: Collect demographic, entitlement, and other non-clinical information from the individual, health records and external sources (such as individual's unit of assignment within the theater of operations or home station).

Activity Name: Verify Eligibility

Activity Definition: Determine whether an individual is eligible to receive health care services according to criteria set by the theater health service direction or other applicable policy and guidance. Individuals requiring emergency care may receive services regardless of whether they meet DoD criteria.

Activity Name: Schedule Health Service

Activity Definition: Perform all the administrative processes necessary to arrange service opportunities, reserve space and equipment in the facility capable of providing the level of care required by the individual's condition, schedule and reserve inpatient beds, and arrange transportation for individuals (both internal and external to the theater of operations), including referrals to health facilities external to the CHS.

Activity Name: Arrange Encounter

Activity Definition: Schedule individual visits to receive some form of health care intervention, taking into consideration the customer's availability, severity of need, health care staff availability, facilities, transportation requirements, and any required materiel.

Activity Name: Schedule Resources

Activity Definition: In conjunction with scheduling individuals, the resources required to service those individuals must be scheduled, including health care professionals, facilities, specialized equipment, and other items.

Activity Name: Arrange Individual Transportation

Activity Definition: Orchestrate transportation of individuals to other locations for needed health care services.

Activity Name: Initiate Health Service Encounter

Activity Definition: Perform administrative processes necessary to start a health service encounter. May include the inventory and control of personal and organizational items in possession of the individual.

Activity Name: Assess Individual

Activity Definition: The process of medically evaluating an individual to obtain pertinent information; formulating a decision regarding the individual's health condition(s), including the development of a diagnosis, based on this information; and determining a treatment plan to include any diagnostic requirements. A medical evaluation may include interview, visual, or physical examination as well as accessing available medical history and ancillary information per the immediate medical and tactical situation.

Health Care Delivery in a Theater of Operations

AMEDD-OA-002

OV-5 Activity Model

Activity Name: Gather Individual Health Data

Activity Definition: Collection and documentation of medically pertinent information regarding the situation surrounding the individual's need for care enabling the health care provider to make the best assessment of the patient's present condition. Includes chief complaint, historical and current health information about the individual, collateral information, etc.. May be obtained through all sources and means available within the constraints of the tactical situation such as interview, physical examination, review of the patient's health records, etc.

Activity Name: Make Determination

Activity Definition: The formulation of a decision regarding the individual's health condition(s) based on the collected health care data, medical reference tools available, medical intelligence, as well as the health care provider's knowledge.

Activity Name: Develop Treatment Plan

Activity Definition: The creation of an appropriate health care plan for the individual based on the; 1) diagnosis, 2) immediate operational situation, 3) current medical/dental readiness conditions, as well as 4) health care provider's knowledge. May include activities as required for patient admission.

Activity Name: Provide Health Care

Activity Definition: Performance of the treatment plan, including requested diagnostic procedures, as permitted by the tactical situation, using available resources (personnel, equipment, facilities, supplies, and services) with the objective of enabling a RTD or stabilizing the individual for transportation to an appropriate medical treatment facility.

Activity Name: Determine Appropriate Technique

Activity Definition: Evaluate and select the optimum care methodology to be followed to achieve desired results. (The methodology is the technique that will be used to perform procedures.)

Activity Name: Prepare Individual

Activity Definition: Perform preparatory actions before providing a health care service. This may include (1) attaching individual to monitors; (2) positioning the individual; (3) obtaining biological specimens, and (4) ensuring individual safety by using chemical or mechanical restraints as required.

Activity Name: Perform Diagnostic Procedures

Activity Definition: Apply techniques to obtain information about the customer's condition using medical equipment and technology.

Activity Name: Perform Therapeutic Procedures

Activity Definition: Perform a health care or preventive regimen for a particular individual. The activity may include stabilizing the customer's condition; relieving pain or discomfort through pharmacological, psychological, or other methods; providing community or

Health Care Delivery in a Theater of Operations

AMEDD-OA-002

OV-5 Activity Model

population health services; providing wellness and preventive health services; and executing the care plan.

Activity Name: Effect Disposition

Activity Definition: Activities associated with the orderly conclusion of a health service encounter. Includes documentation of the individuals disposition status e.g. 1) RTD, 2) transfer to another health service encounter, 3) Admission, 4) assignment to quarters, 5) deceased, etc. Includes the reporting of actual performance data to support a wide array of MedLog and Med C2 activities. May Include the notification of the individual's unit, appropriate support agencies, etc. regarding the individual's medical status for purposes such as command and control, unit morale, or coordination of transportation, etc. May also include the return of personal items and organizational items as appropriate.

Activity Name: Medical Force Protection

Activity Definition: Assess environmental hazard sources, psychological stressors and exposures and perform health surveillance and epidemiological assessment to determine their effect on the health of a population. Develop medical force protection options to minimize the potency of hazard sources, potential exposures to those sources, and the impact on warfighting capability. Evaluate the effectiveness of preventive medicine risk reduction interventions as executed by the affected organization.

Activity Name: Evacuation

Activity Definition: Providing of a capability to move an individual from one point of care to another point of care. This activity includes 1) mission scheduling; 2) medical regulation; and 3) mission execution.

Health Care Delivery in a Theater of Operations

AMEDD-OA-002

OV-5 Activity Model

Arrow Report

Arrow Name: Acquisition Results

Arrow Definition: Documentation of information resulting from the introduction of an individual into the health care delivery system with the intent of providing a health service. This may include 1) individual identification and demographics, 2) identification of the date, time and location of the encounter, and 3) other none clinical information required to describe the circumstances of the encounter (e.g. flight information for evacuation patients, ward/bed assignment, doctor assignment, etc).

Arrow Name: Actual Performance Information

Arrow Definition: Information gathered as the result of activities performed during a health service encounter. Data includes information about (1) the outcomes of interventions or care; and (2) asset performance effectiveness. This information includes ancillary information resulting from a health service encounter such as provider workload data or medical equipment status.

Arrow Source: Effect Disposition

Arrow Dest.: C4I

Arrow Dest.: MedLog

Arrow Name: Agreements

Arrow Definition: Agreements with host nations, non-government organizations, other services (Interservice Agreements), NATO Forces, or United Nations that may impact on theater operations.

Arrow Source: { Border }

Arrow Dest.: C4I

Arrow Name: Assessment Results

Arrow Definition: Documentation of clinical information resulting from the assessment of an individual. This may include 1) symptomatic information; 2) objective data (including diagnostic results); 3) Diagnosis, and 3) Health Service Orders associated with the care plan.

Arrow Name: Care Plan

Arrow Definition: A regimen established by health care providers for maintaining or improving the well-being of an individual. This is the collection of each customer's accepted sequence of health services, and may be the original, modified, or discharge care plan. The care plan includes (1) information regarding the need to schedule planned health care services; (2) the plan of care designed to meet health readiness requirements; and (3) the level of care needed to meet the needs of the customer.

Arrow Source: Develop Treatment Plan

Arrow Name: Care Results

Arrow Definition: Documentation of clinical information resulting from a health care service provided to an individual. This may include 1) Description of the chosen technique, 2) preparation results, 3) clinical test results, and 4) therapeutic procedure results.

Health Care Delivery in a Theater of Operations

AMEDD-OA-002

OV-5 Activity Model

Arrow Name: Chosen Technique

Arrow Definition: The specific procedure selected for the care of an individual by a health service provider.

Arrow Source: Determine Appropriate Technique

Arrow Dest.: Prepare Individual

Arrow Dest.: Perform Diagnostic Procedures

Arrow Dest.: Perform Therapeutic Procedures

Arrow Name: CHS Health Care Delivery Guidance

Arrow Definition: The translation of Policy & Guidance, Planning Factors and Agreements into guidance directly supporting health care delivery within the theater of operations.

Arrow Source: C4I

Arrow Dest.: Health Care Delivery

Arrow Name: Clinical Test Results

Arrow Definition: Documented results of clinical tests performed either internal or external to the medical treatment facility.

Arrow Source: Perform Diagnostic Procedures

Arrow Name: Determination

Arrow Definition: A decision about the individual's health status or quantifiable change in health status, supported or imputed by gathered individual health information, frequently categorized to a named entity, disease, injury, or condition. Includes (1) customer problems and strengths; (2) the primary and secondary diagnoses; (3) any relevant diagnostic codes; (4) level of threat posed by the disease process or injury; (5) level of care required to treat the individual's condition; (6) the urgency of the need for care; and (7) whether the individual is a danger to self or others.

Arrow Source: Make Determination

Arrow Dest.: Develop Treatment Plan

Arrow Name: Diagnostic Order

Arrow Definition: A health service order that directs the execution of a diagnostic procedure.

The health service order includes communication about a set of activities or precautions that must be followed before a diagnostic or medical test can be performed (e.g., fasting prior to glucose testing).

Arrow Source: Gather Individual Health Data

Arrow Name: Disposition Results

Arrow Definition: Information about the place or organization (such as "RTD" or "Quarters") to which an individual has been directed at the conclusion of a health service encounter.

Arrow Source: Effect Disposition

Arrow Name: Eligibility Determination

Arrow Definition: An assessment resulting from evaluation of an individual's eligibility criteria.

Arrow Source: Verify Eligibility

Health Care Delivery in a Theater of Operations

AMEDD-OA-002

OV-5 Activity Model

Arrow Name: Health Materiel Request

Arrow Definition: A request for medical equipment, supplies, facilities, and automated systems needed to execute a health service.

Arrow Source: Schedule Resources

Arrow Name: Health Service Order

Arrow Definition: Directives to provide health services, including recommended preventive health services.

Arrow Source: Develop Treatment Plan

Arrow Name: Individual Demographic Information

Arrow Definition: Facts about an individual such as address, phone number, occupation, sex, age, race, mother's maiden name and SSN, father's name, and unit to which Service members are assigned.

Arrow Source: Gather Customer Demographic Data

Arrow Dest.: Verify Eligibility

Arrow Name: Individual Health Care Information

Arrow Definition: All historical and current health care information resulting from health service encounters.

Arrow Dest.: { Border }

Arrow Dest.: C4I

Arrow Dest.: Medical Force Protection

Arrow Dest.: Evacuation

Arrow Dest.: Effect Disposition

Arrow Dest.: Provide Health Care

Arrow Dest.: Assess Individual

Arrow Dest.: Acquire Individual

Arrow Dest.: Initiate Health Service Encounter

Arrow Dest.: Schedule Health Service

Arrow Dest.: Register Individual

Arrow Dest.: Gather Customer Demographic Data

Arrow Dest.: Verify Eligibility

Arrow Dest.: Arrange Encounter

Arrow Dest.: Gather Individual Health Data

Arrow Dest.: Determine Appropriate Technique

Arrow Dest.: Perform Diagnostic Procedures

Arrow Dest.: Perform Therapeutic Procedures

Arrow Name: Individual Health Care Instructions

Arrow Definition: Information provided to the individual upon disposition to provide guidance on follow up health care requirements.

Arrow Source: Effect Disposition

Arrow Dest.: { Border }

Health Care Delivery in a Theater of Operations

AMEDD-OA-002

OV-5 Activity Model

Arrow Name: Individual Health Information

Arrow Definition: Health information received about the individual from sources outside the health system (not available from Individual Health Records). Includes information such as (1) historical and current health information obtained from collateral sources such as the family, command, supervisor, law enforcement, and social service agencies; and (2) collateral information of importance to the current health service encounter.

Arrow Source: { Border }

Arrow Dest.: Initiate Health Service Encounter

Arrow Dest.: Gather Individual Health Data

Arrow Dest.: Determine Appropriate Technique

Arrow Dest.: Gather Customer Demographic Data

Arrow Dest.: Verify Eligibility

Arrow Dest.: Arrange Encounter

Arrow Name: Individual Medical Profile

Arrow Definition: A report on the current medical status of an individual outlining any special treatment required or activity restrictions.

Arrow Source: Effect Disposition

Arrow Dest.: { Border }

Arrow Name: Individual Schedule

Arrow Definition: The date, time, place, and provider for a health service encounter.

Arrow Source: Arrange Encounter

Arrow Dest.: { Border }

Arrow Dest.: Initiate Health Service Encounter

Arrow Dest.: Gather Individual Health Data

Arrow Name: Initiation Results

Arrow Definition: Documentation of the initiation of a health service encounter. Specific requirements depend upon the type of encounter (e.g. admission data such as ward/bed assignment or necessary patient releases/agreements).

Arrow Source: Initiate Health Service Encounter

Arrow Name: Inventory (Personal Items)

Arrow Definition: Itemized listing of personal items belonging to the patient.

Arrow Source: Initiate Health Service Encounter

Arrow Dest.: { Border }

Arrow Dest.: C4I

Arrow Name: Medical Knowledge

Arrow Definition: Situationally relevant medical information required by medical personnel in the delivery of health care to a patient. This may be provided either in the form of medical references, protocols, or guidelines.

Arrow Source: { Border }

Arrow Dest.: Health Care Delivery

Health Care Delivery in a Theater of Operations

AMEDD-OA-002

OV-5 Activity Model

Arrow Name: Medical Personnel Request

Arrow Definition: A request for medical personnel needed to execute a health service.

Arrow Source: Schedule Resources

Arrow Name: Patient Transfer Notification

Arrow Definition: Notification of both the requesting and receiving unit of the transfer of a patient.

Arrow Source: Evacuation

Arrow Dest.: Arrange Encounter

Arrow Name: Planning Factors

Arrow Definition: All situationally relevant information required for the execution of applicable command policy and guidance or assigned missions.

Arrow Source: { Border }

Arrow Dest.: C4I

Arrow Name: Policy & Guidance

Arrow Definition: Doctrine, policy, procedures, plans and standards issued by higher command to subordinate units to guide a control theater operations. Includes such things as policy; field manuals; techniques, tactics and procedures (TTPs); standard operating procedures (SOPs) ; OPLANS; OPORDs etc.

Arrow Source: { Border }

Arrow Dest.: C4I

Arrow Name: Preparation Results

Arrow Definition: Documentation of clinical information resulting from the preparation of the individual for a health service, e.g. biological specimen registration information, body position, or injection of radiographic enhancement fluids.

Arrow Source: Prepare Individual

Arrow Dest.: Perform Diagnostic Procedures

Arrow Dest.: Perform Therapeutic Procedures

Arrow Name: Registration Results

Arrow Definition: Documentation of information resulting from the registration of an individual into the health care delivery system with the intent of providing a health service. This may include 1) individual identification, 2) demographic information and 3) determination of eligibility to receive health care.

Arrow Dest.: Arrange Encounter

Arrow Name: Relevant Health Information

Arrow Definition: Health information received about the individual from any source that is important to the current health service encounter. Includes information such as (1) historical and current health information; (2) results of diagnostic tests; and (3) collateral information of importance to the current health service encounter.

Arrow Source: Gather Individual Health Data

Arrow Dest.: Make Determination

Health Care Delivery in a Theater of Operations

AMEDD-OA-002

OV-5 Activity Model

Arrow Dest.: Develop Treatment Plan

Arrow Name: Request for Eligibility Determination

Arrow Definition: An inquiry to determine whether a customer is qualified to receive care from the THS.

Arrow Source: Gather Customer Demographic Data

Arrow Dest.: Verify Eligibility

Arrow Name: Request for Environmental/ Population Assessment

Arrow Definition: A petition for the evaluation of the physical environment, psychological stressors or the supported population as a whole to ascertain potential health threats.

Arrow Source: Make Determination

Arrow Dest.: Medical Force Protection

Arrow Name: Request for Evaluation

Arrow Definition: Command referral, self-referral or referral by another health care provider (including a consultation or tele-consultation) of an individual or information related to an individual for medical/ psychological evaluation.

Arrow Source: { Border }

Arrow Dest.: Gather Customer Demographic Data

Arrow Source: Medical Force Protection

Arrow Dest.: Arrange Encounter

Arrow Source: Make Determination

Arrow Name: Request for Individual Health Information

Arrow Definition: A request for health information about an individual from sources outside the health system (not available from Individual Health Records). Includes information such as (1) historical and current health care information obtained from collateral sources such as the family, command, supervisor, law enforcement, and social service agencies; and (2) collateral information of importance to the current health service encounter.

Arrow Source: Gather Individual Health Data

Arrow Dest.: { Border }

Arrow Source: Gather Customer Demographic Data

Arrow Name: Request for Medical Knowledge

Arrow Definition: A request for situationally relevant medical information required by medical personnel in the delivery of health care to an individual . This may be provided either in the form of medical references, protocols, or guidelines.

Arrow Source: Health Care Delivery

Arrow Dest.: { Border }

Arrow Name: Request for Relevant Health Information

Arrow Definition: A request for health information about the individual from any source that is important to the current health service encounter. Includes information such as (1) historical and current health information; (2) results of diagnostic tests; and (3) collateral information of importance to the current health service encounter.

Health Care Delivery in a Theater of Operations

AMEDD-OA-002

OV-5 Activity Model

Arrow Source: Make Determination

Arrow Dest.: Gather Individual Health Data

Arrow Source: Develop Treatment Plan

Arrow Source: Determine Appropriate Technique

Arrow Name: Resource Assignment

Arrow Definition: The assignment of a specific resource to an individual health service encounter , for example a specific OR suite or doctor.

Arrow Source: Schedule Resources

Arrow Dest.: Arrange Encounter

Arrow Name: Resource Request

Arrow Definition: A request for people, equipment, supplies, facilities, and automated systems needed to execute a health service.

Arrow Dest.: C4I

Arrow Dest.: MedLog

Arrow Name: Resource Requirements

Arrow Definition: People, equipment, supplies, facilities, and automated systems needed to execute a health service.

Arrow Source: Arrange Encounter

Arrow Dest.: Schedule Resources

Arrow Dest.: Arrange Individual Transportation

Arrow Name: Resource Schedule

Arrow Definition: Times for which resources are assigned to be used or maintained. This may include (1) personnel training schedule; (2) projected down-time for equipment maintenance or repair; (3) personnel leave plans; and (4) times resources are scheduled for use.

Arrow Source: C4I

Arrow Dest.: Schedule Resources

Arrow Source: MedLog

Arrow Name: Therapeutic Results

Arrow Definition: Documentation of clinical information resulting from the providing of a therapeutic health service to an individual.

Arrow Source: Perform Therapeutic Procedures

Arrow Name: Transportation Assignment

Arrow Definition: The identification of an individual requiring movement to a scheduled evacuation platform.

Arrow Source: Arrange Individual Transportation

Arrow Dest.: Arrange Encounter

Health Care Delivery in a Theater of Operations

AMEDD-OA-002

OV-5 Activity Model

Arrow Name: Transportation Request

Arrow Definition: A request to the Evacuation Functional Area to transport the patient to a more appropriate point of care.

Arrow Source: Arrange Individual Transportation

Arrow Dest.: Evacuation

Arrow Name: Transportation Schedule

Arrow Definition: The proposed arrival and departure time of evacuation assets in support of transportation requirements.

Arrow Source: Evacuation

Arrow Dest.: Arrange Individual Transportation

OPERATIONAL SEQUENCE AND TIMING DESCRIPTION (OV-6)

(Diagrams with Model, Unit of Work (UOW),
and Arrow Reports)

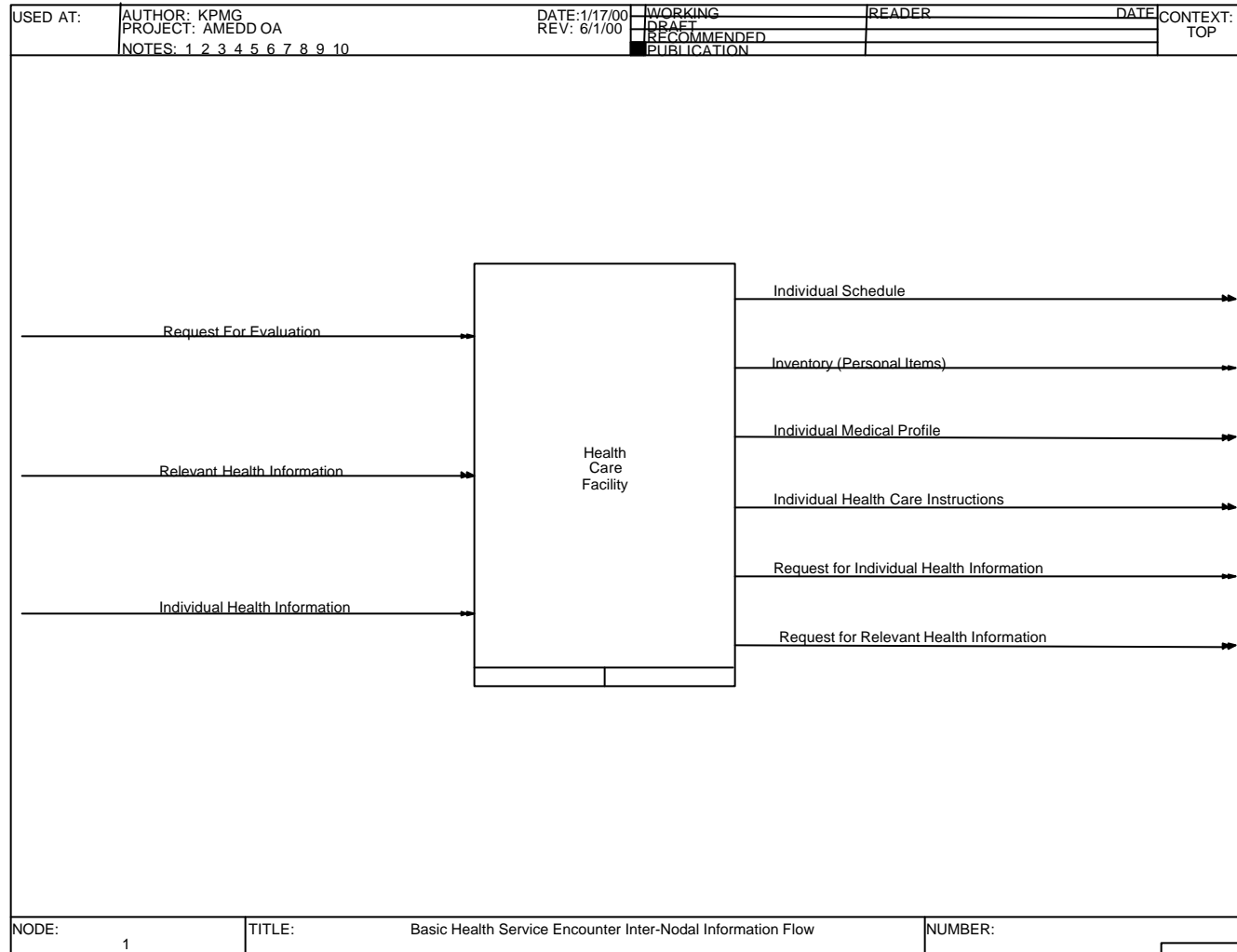
AMEDD-OA-002

Health Care Delivery in a Theater of Operations

AMEDD-OA-002

OV-6 Operational Sequence & Timing Description - Basic Health Service Encounter

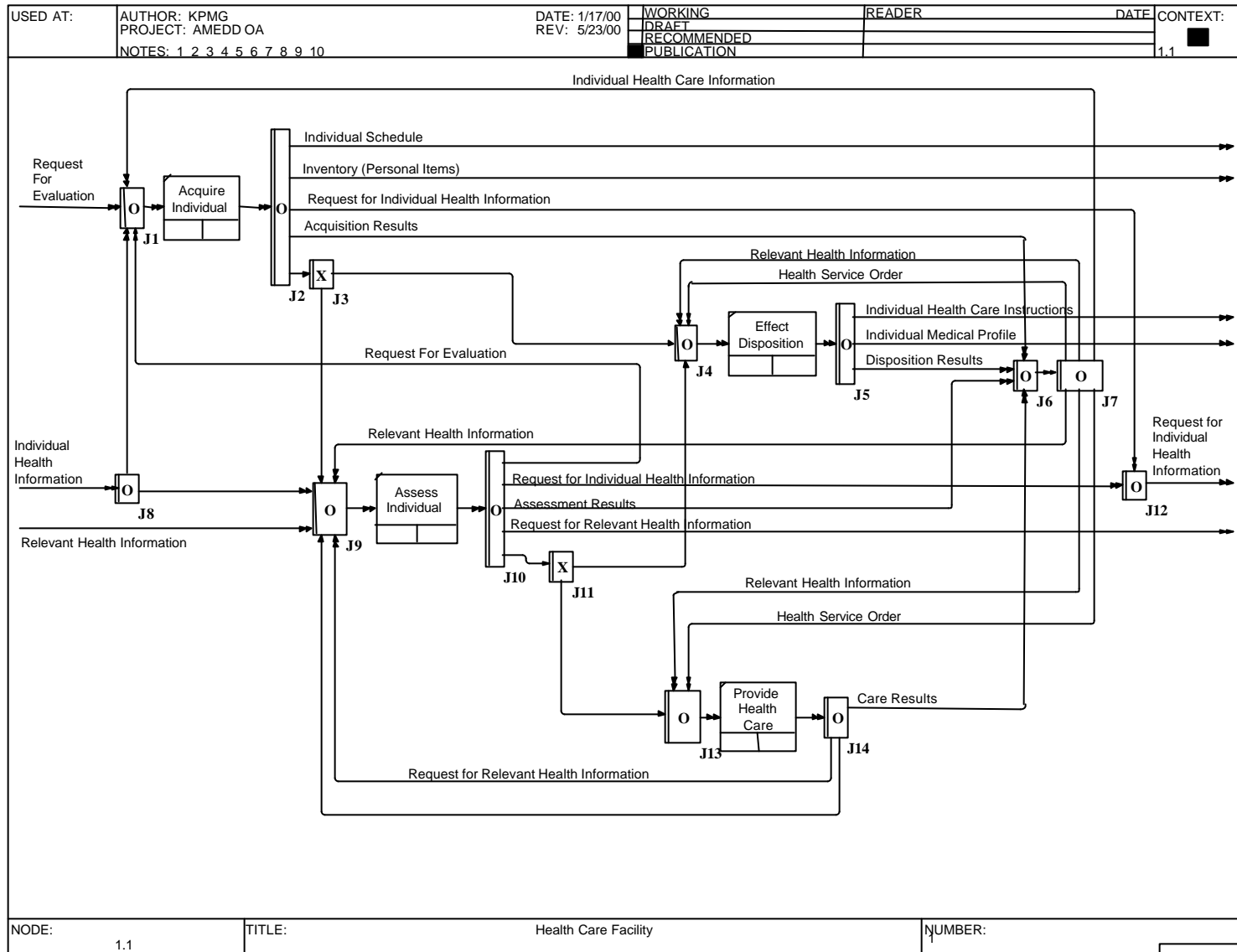
Activities at a single health care operational node in a theater/area of responsibility directly associated with the delivery of care to individuals who are in need of care; provider-patient interaction.



Health Care Delivery in a Theater of Operations

AMEDD-OA-002

OV-6 Operational Sequence & Timing Description - Basic Health Service Encounter



Health Care Delivery in a Theater of Operations

AMEDD-OA-002

OV-6 Operational Sequence & Timing Description

Model Report

BASIC HEALTH SERVICE ENCOUNTER SCENARIO

Purpose: To identify the temporal and geographic aspects and sequence of activities describing the execution of a basic health service encounter within the context of health care delivery in a theater of operations.

Viewpoint: The activities and information exchanges described in this model are viewed from the perspective of the health service provider.

Definition: A face to face contact between a individual and a provider who has primary responsibility for assessing and treating the individual at a given contact, exercising independent judgment. Numerous health service encounters may occur during a single episode of care at a health care delivery node. A health service encounter may involve more providers than the one who has primary responsibility for the execution of the health service, e.g., an encounter with the X-Ray clinic.

Scope: The model is limited to describing the basic activities associated with the execution of a health service encounter within a single health service node.

Time Frame: 2010 (TO-BE)

Sources: Subject Matter Experts:

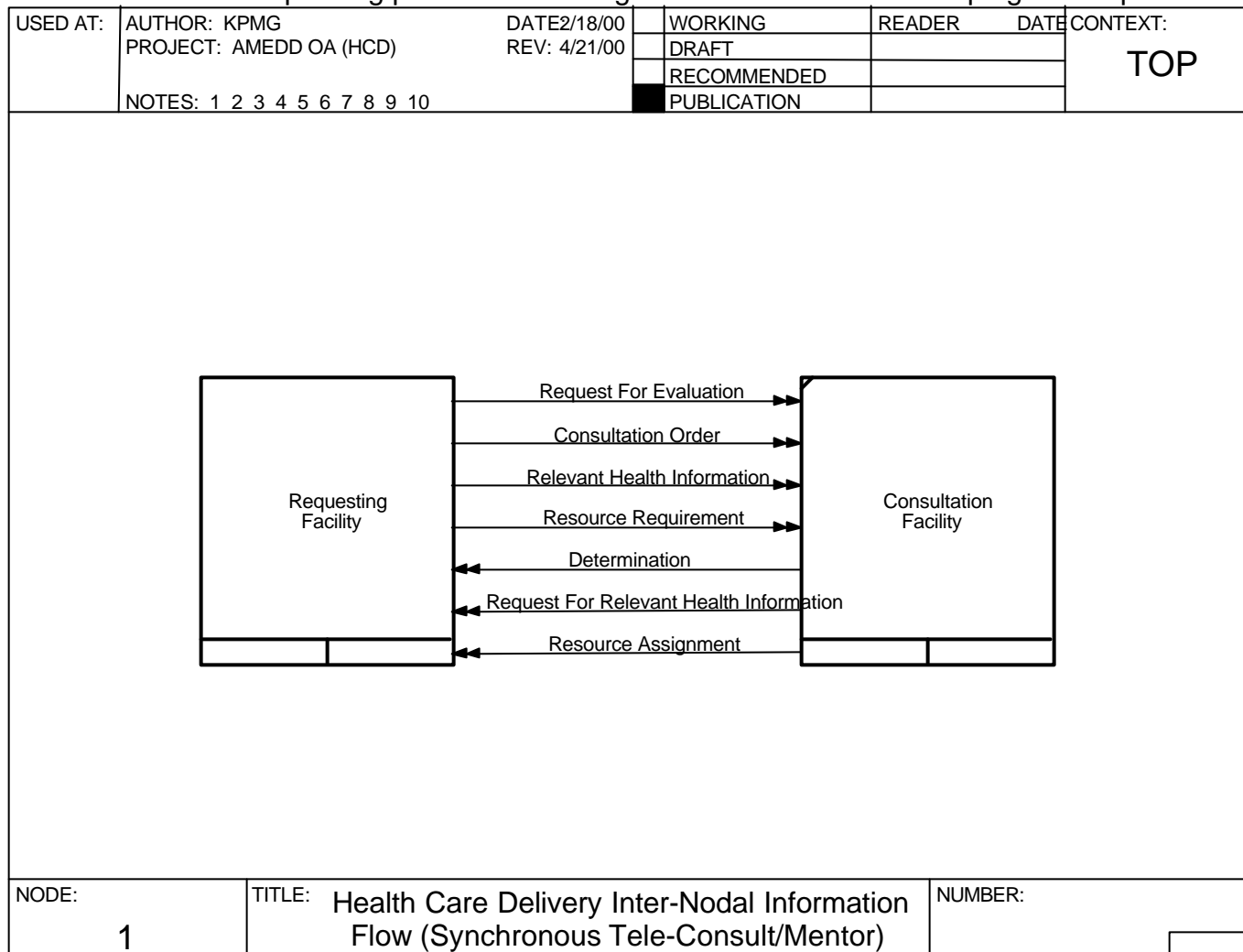
- COL Anita Schmidt - Hospitalization
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- MAJ Robert Pugh - Treatment
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- MAJ Bill Hogan - Medical Operations
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- SFC Jose Maldonado - Patient Administration (PAD)

Health Care Delivery in a Theater of Operations

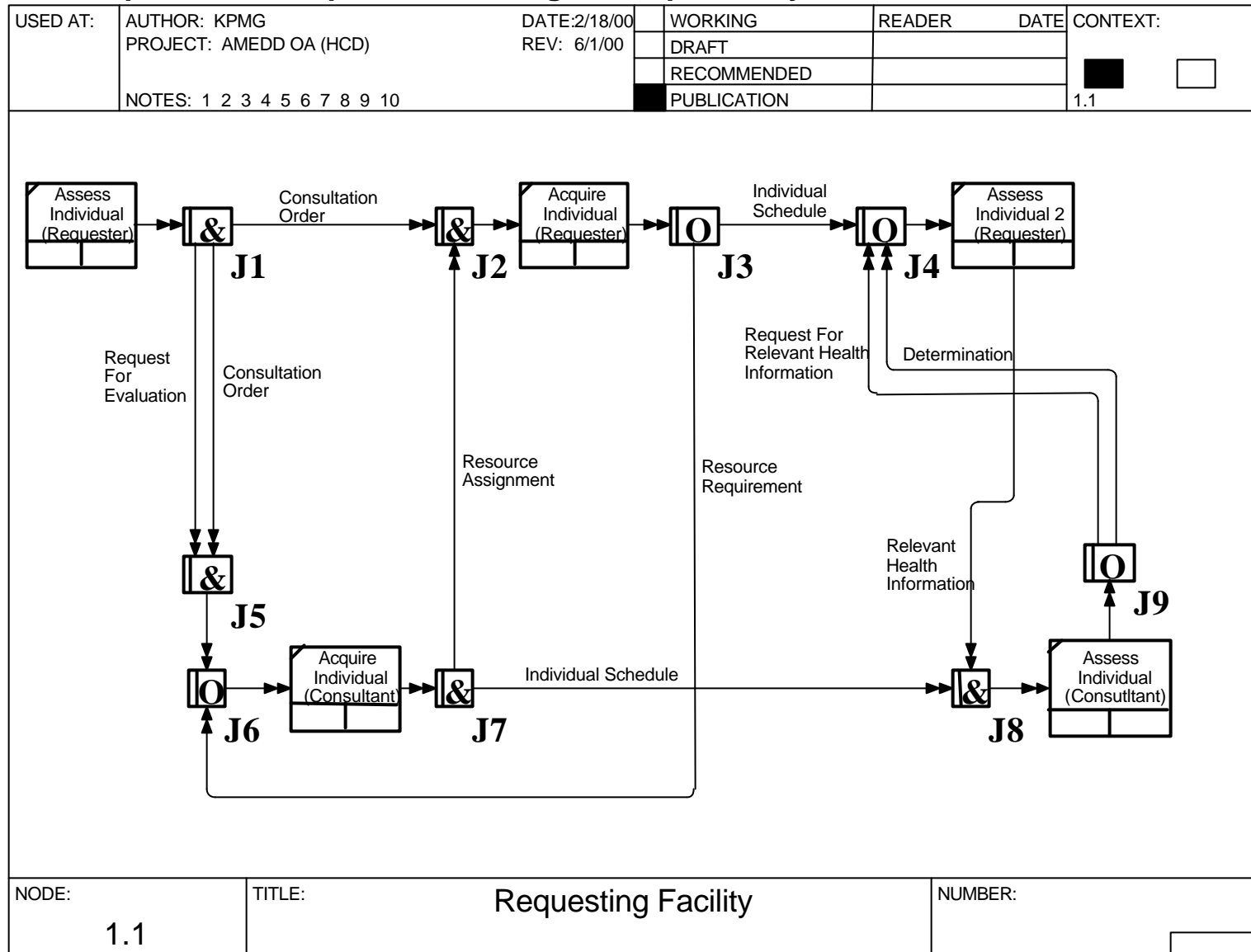
AMEDD-OA-002

OV-6 Operational Sequence & Timing Description - Synchronous Tele-Consult/Mentor

Real time interaction between two providers (peers) at geographically separate facilities in order to facilitate the requesting provider in making a determination or developing a care plan.



OV-6 Operational Sequence & Timing Description - Synchronous Tele-Consult/Mentor



Health Care Delivery in a Theater of Operations

AMEDD-OA-002

OV-6 Operational Sequence & Timing Description

Model Report

SYNCHRONOUS TELE-CONSULT/MENTOR SCENARIO

Purpose: To identify the temporal and geographic aspects and sequence of activities describing the execution of a synchronous tele-consultation or tele-mentoring session within the context of health care delivery in a theater of operations.

Viewpoint: The activities and information exchanges described in this model are from the view of the health care provider who is providing the health service to the individual.

Definition: A deliberation with a specialist at a geographically separate health care delivery node concerning the diagnosis or treatment of an individual. The consultation is typified by a real -time interaction between originator and consultant. The individual is not physically present at the consultant node.

Scope: This model focuses on the inter-nodal information exchanges required to support activities at each health care delivery node. This model shows only those internal activities and information exchanges necessary to understand the inter-nodal requirements.

Time Frame: 2010 (TO-BE)

Sources: Subject Matter Experts:

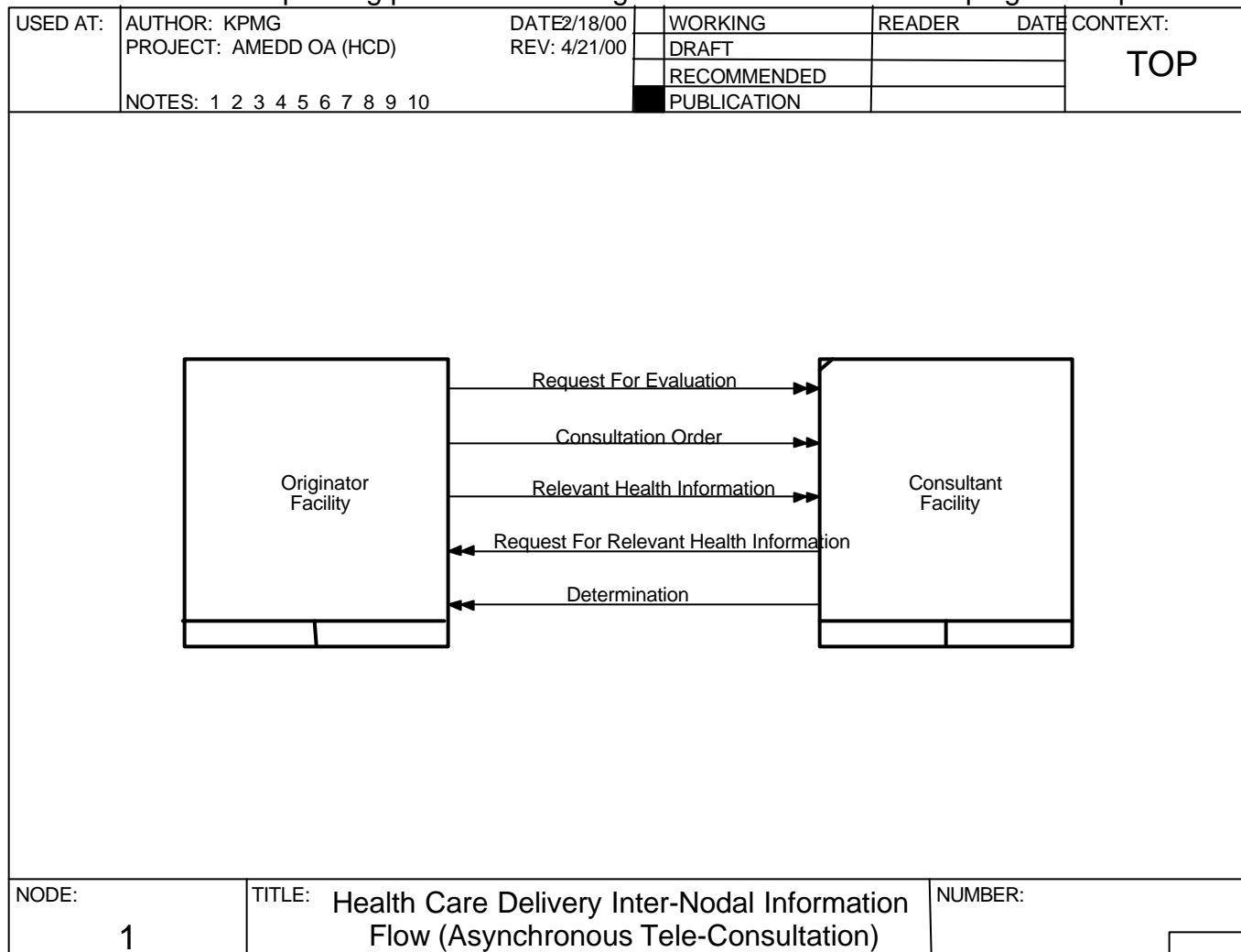
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Health Care Delivery in a Theater of Operations

AMEDD-OA-002

OV-6 Operational Sequence & Timing Description - Asynchronous Tele-Consultation

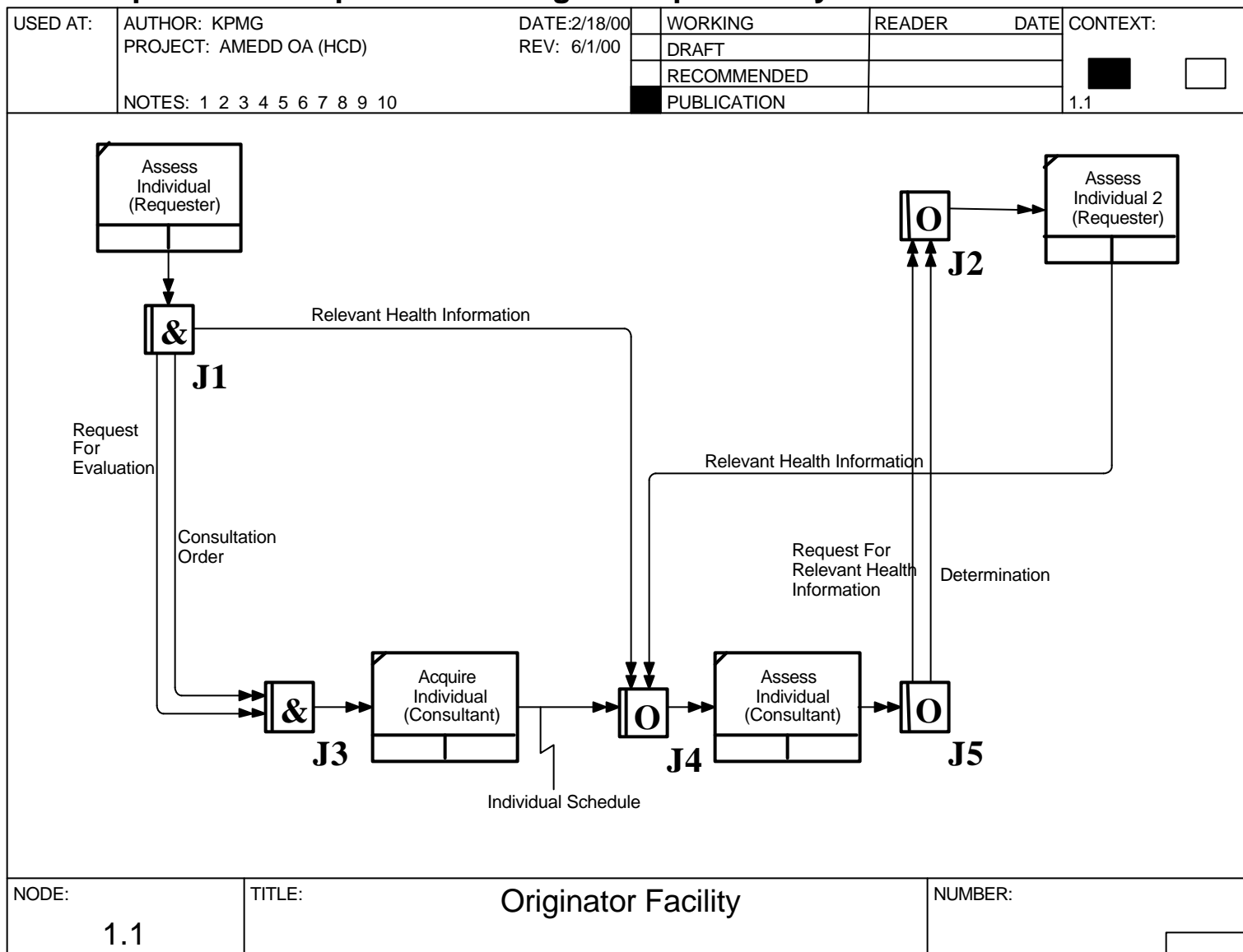
Non-real time interaction between two providers (peers) at geographically separate facilities in order to facilitate the requesting provider in making a determination or developing a care plan.



Health Care Delivery in a Theater of Operations

AMEDD-OA-002

OV-6 Operational Sequence & Timing Description - Asynchronous Tele-Consultation



Health Care Delivery in a Theater of Operations

AMEDD-OA-002

OV-6 Operational Sequence & Timing Description

Model Report

ASYNCHRONOUS TELE-CONSULTATION SCENARIO

Purpose: To identify the temporal and geographic aspects and sequence of activities describing the execution of an asynchronous tele-consultation session within the context of health care delivery in a theater of operations.

Viewpoint: The activities and information exchanges described in this model are from the view of the health care provider who is providing the health service to the individual.

Definition: A deliberation with a specialist at a geographically separate health care delivery node concerning the diagnosis or treatment of an individual. The consultation is typified by a delayed, store-and-forward interaction between originator and consultant. The individual is not physically present at the consultant node.

Scope: This model focuses on the inter-nodal information exchanges required to support activities at each health care delivery node. This model shows only those internal activities and information exchanges necessary to understand the inter-nodal requirements

Time Frame: 2010 (TO-BE)

Sources: Subject Matter Experts:

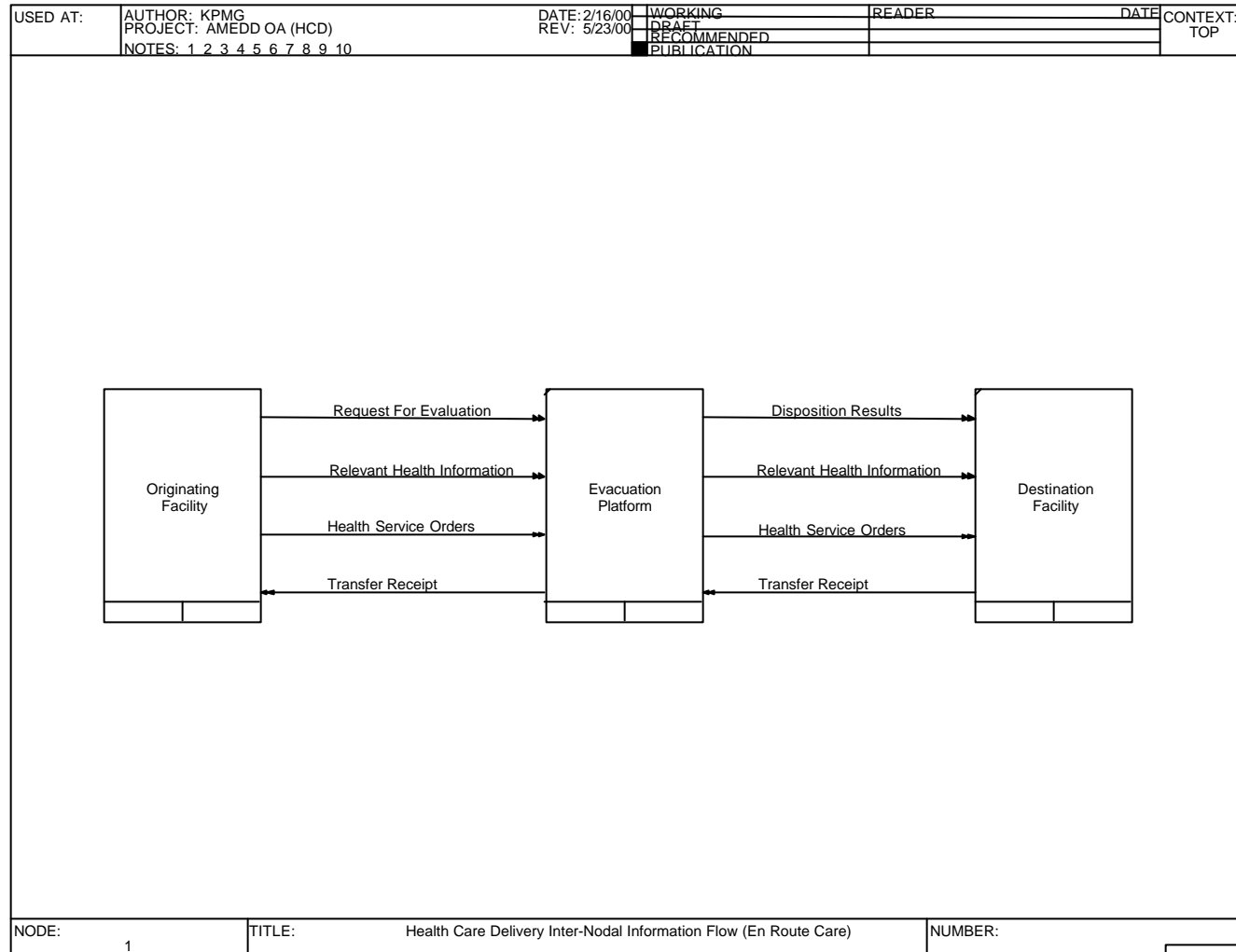
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Health Care Delivery in a Theater of Operations

AMEDD-OA-002

OV-6 Operational Sequence & Timing Description - En Route Care

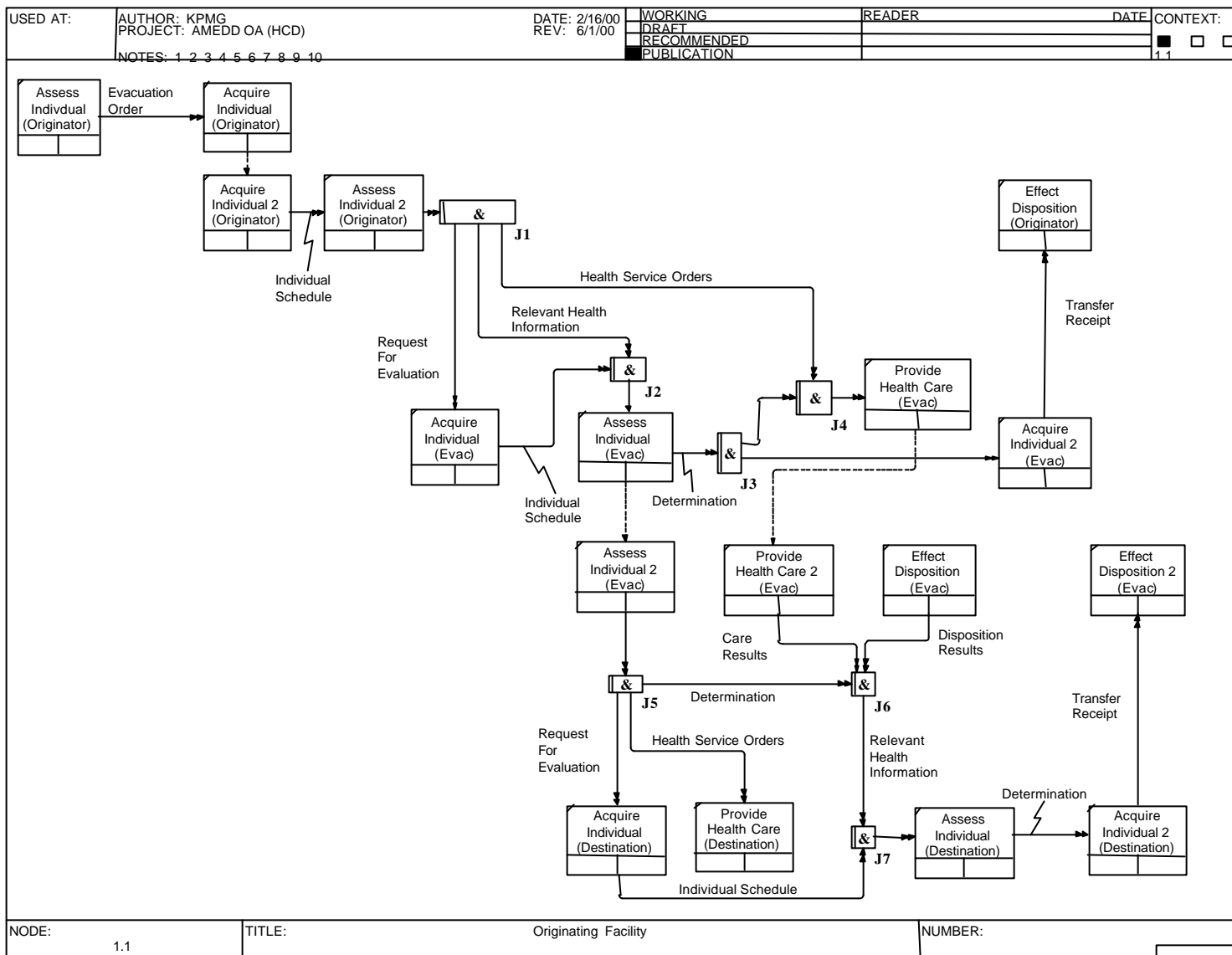
Health care provided during movement of the individual from one health care facility to another.



Health Care Delivery in a Theater of Operations

AMEDD-OA-002

OV-6 Operational Sequence & Timing Description - En Route Care



Health Care Delivery in a Theater of Operations

AMEDD-OA-002

OV-6 Operational Sequence & Timing Description

Model Report

EN ROUTE CARE SCENARIO

Purpose: To identify the temporal and geographic aspects and sequence of activities describing the delivery of en route care during the evacuation of an individual from an originating to a destination health care delivery node within a theater of operations.

Viewpoint: The activities and information exchanges described in this model are from the view of the health care provider who is providing the health service to the individual.

Definition: The providing of health care services during the movement of an individual whom is wounded, injured or ill to and/or between medical treatment facilities.

Scope: This model focuses on the inter-nodal information exchanges required to support activities at each health care delivery node. This model shows only those internal activities and information exchanges necessary to understand the inter-nodal requirements.

Time Frame: 2010 (TO-BE)

Sources: Subject Matter Experts:

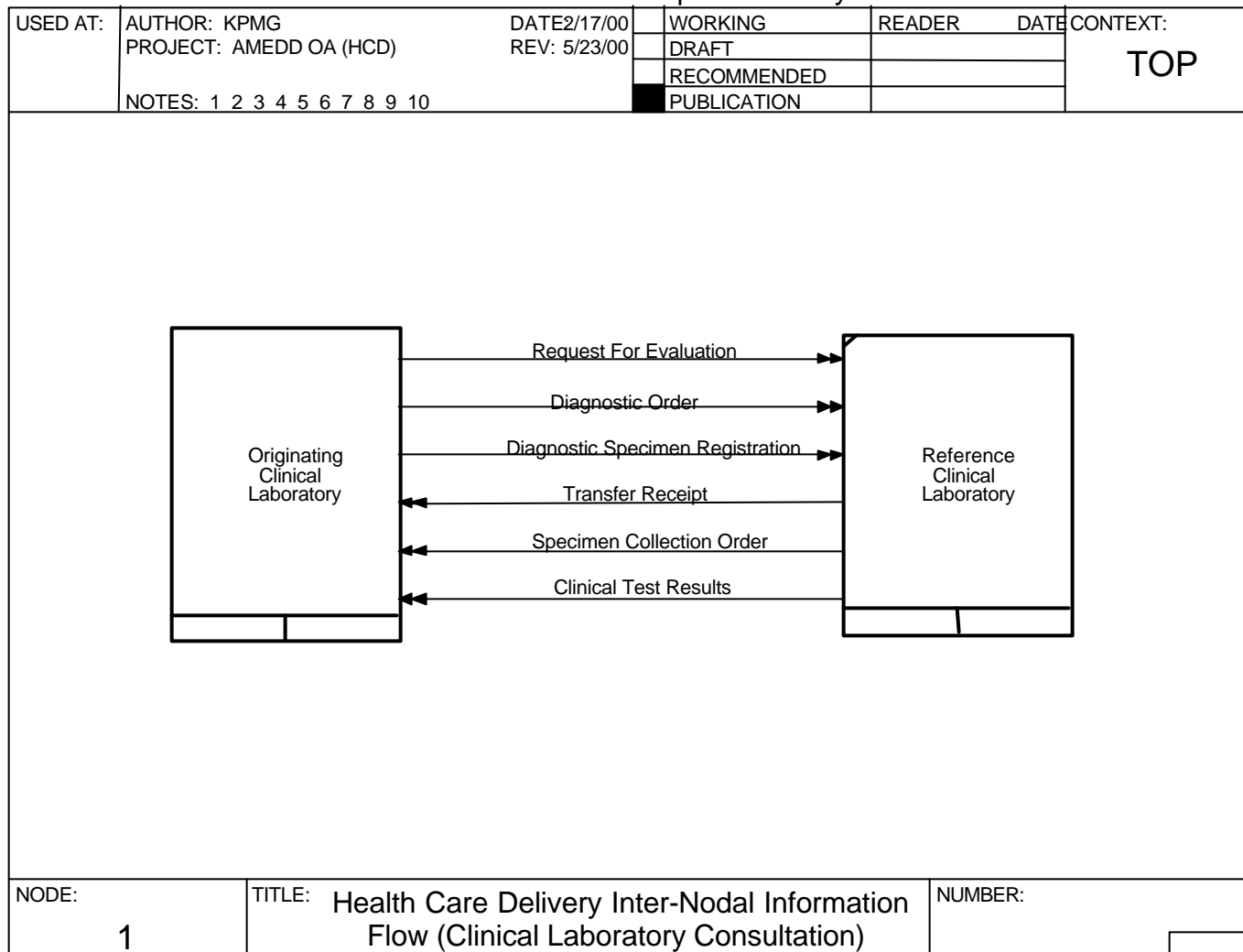
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- SFC Jose Maldonado - Patient Administration (PAD)

Health Care Delivery in a Theater of Operations

AMEDD-OA-002

OV-6 Operational Sequence & Timing Description - Clinical Laboratory Consult

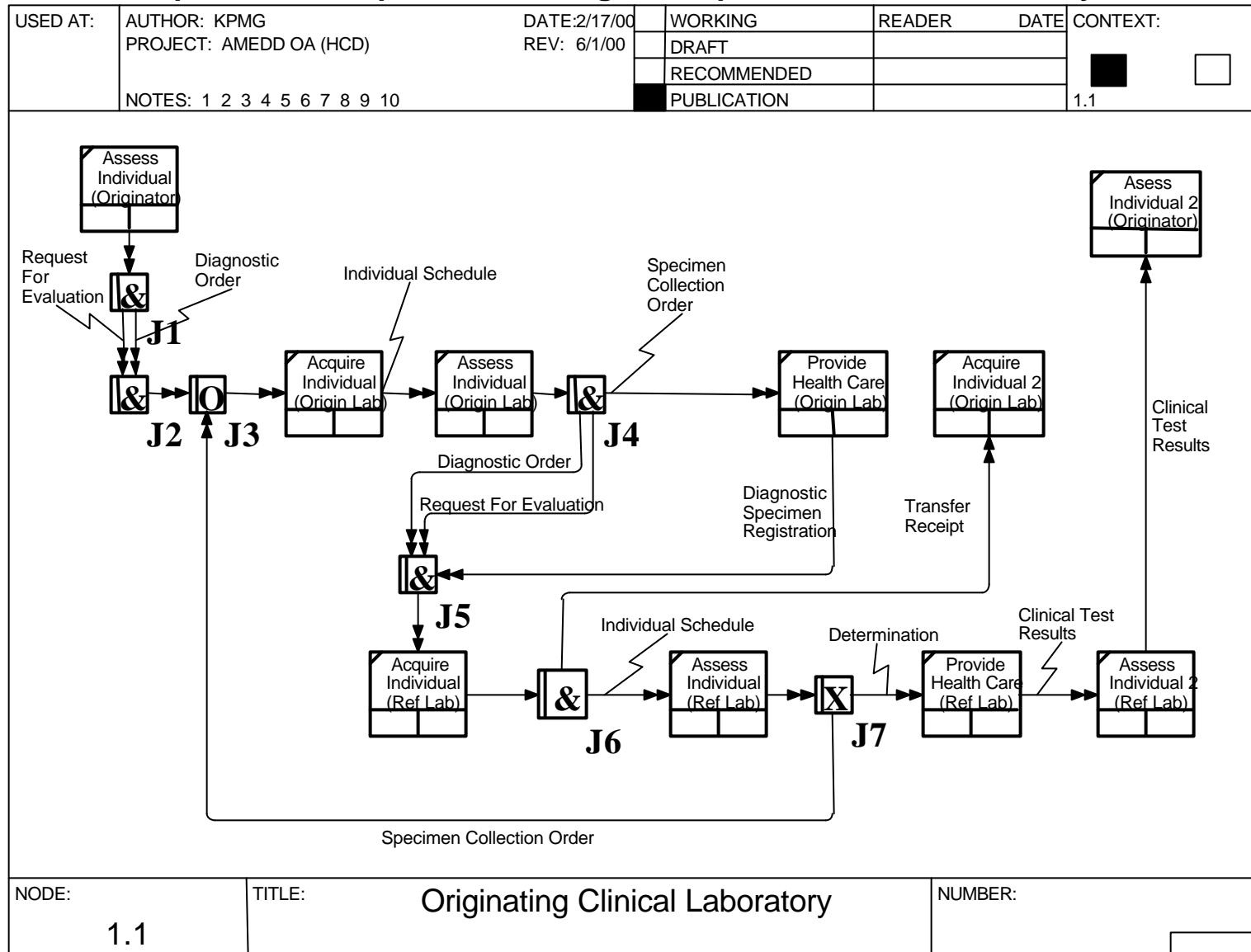
Clinical consultation with a geographically separate health care facility in support of providing health care to an individual in which the specimen only is transferred.



Health Care Delivery in a Theater of Operations

AMEDD-OA-002

OV-6 Operational Sequence & Timing Description - Clinical Laboratory Consult



Health Care Delivery in a Theater of Operations
AMEDD-OA-002
OV-6 Operational Sequence & Timing Description

Model Report

CLINICAL LABORATORY CONSULT SCENARIO

Purpose: To identify the temporal and geographic aspects and sequence of activities describing the execution of a clinical laboratory consultation between geographically separated health care delivery nodes within a theater of operations.

Viewpoint: The activities and information exchanges described in this model are from the view of the health care provider who is providing the health service to the individual.

Definition: The process of sending an individual's biological specimen to a geographically separate clinical laboratory to execute a diagnostic procedure that the referring source is not prepared or qualified to provide.

Scope: This model focuses on the inter-nodal information exchanges required to support activities at each health care delivery node. This model shows only those internal activities and information exchanges necessary to understand the inter-nodal requirements.

Time Frame: 2010 (TO-BE)

Sources: **Subject Matter Experts:**

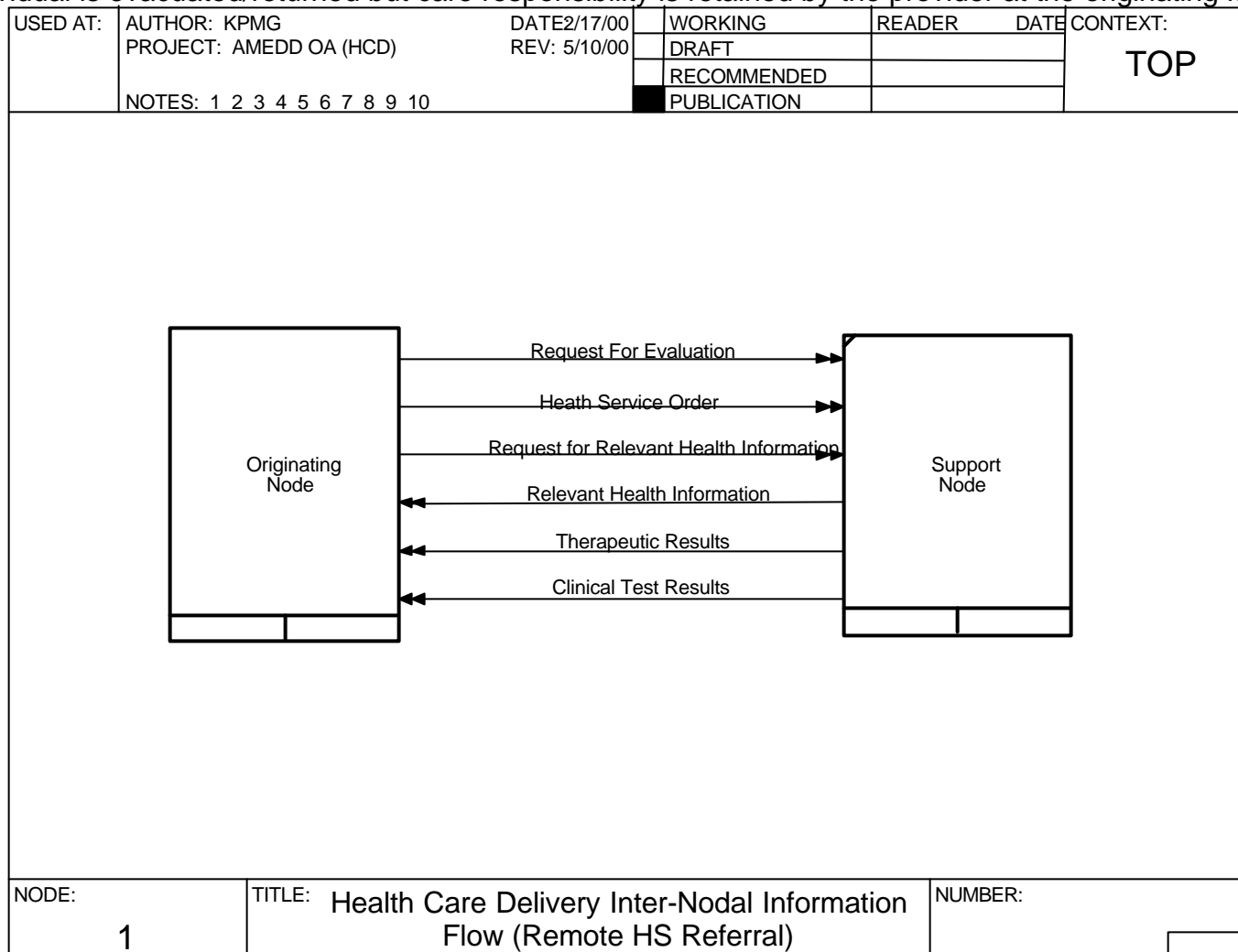
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- SFC Jose Maldonado - Patient Administration (PAD)

Health Care Delivery in a Theater of Operations

AMEDD-OA-002

OV-6 Operational Sequence & Timing Description - Remote Health Service Referral

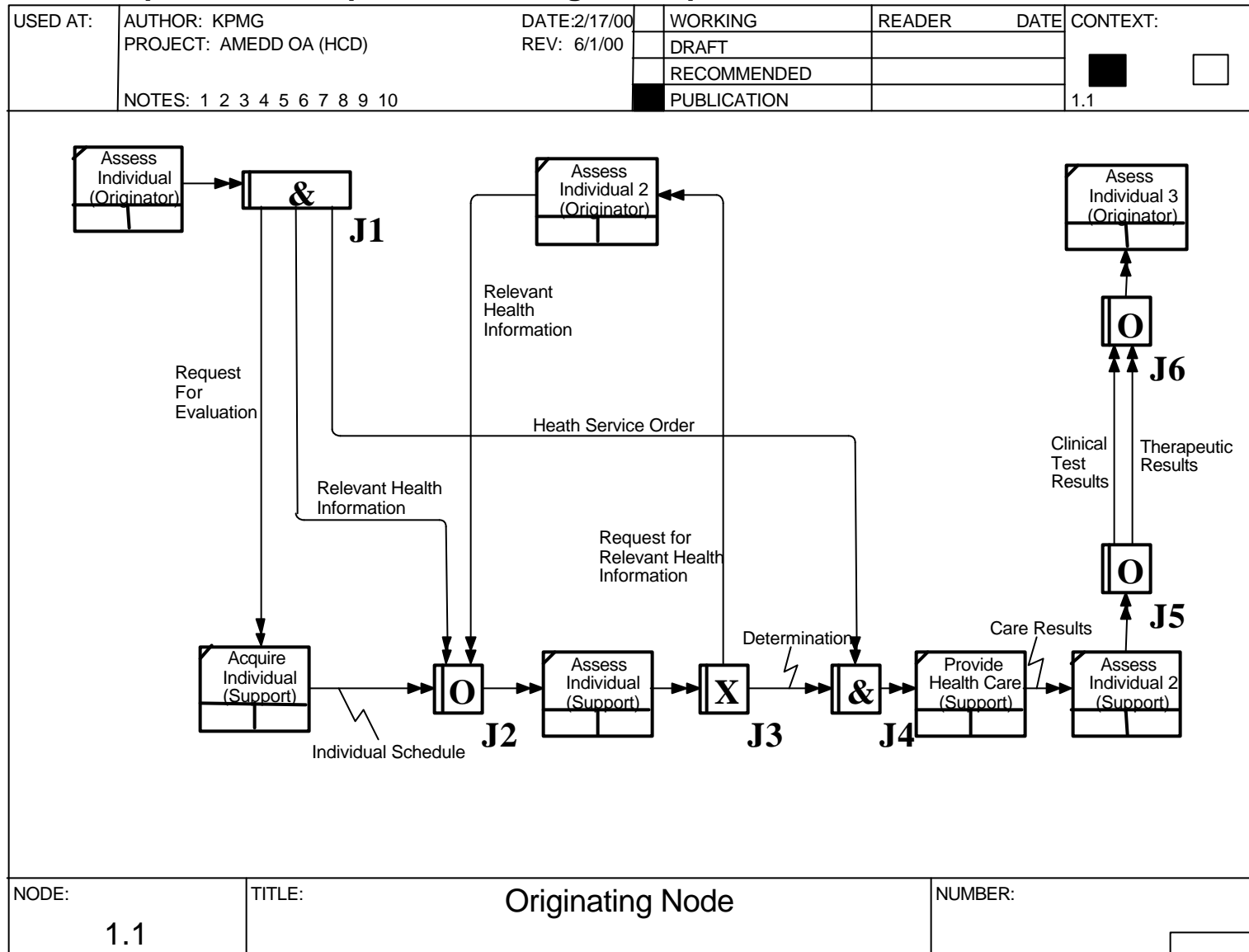
Referral of an individual to a geographically separate facility for the purpose of having a health service order (diagnostic/therapeutic), not available locally, performed in support of care to that individual; the individual is evacuated/returned but care responsibility is retained by the provider at the originating facility.



Health Care Delivery in a Theater of Operations

AMEDD-OA-002

OV-6 Operational Sequence & Timing Description - Remote Health Service Referral



Health Care Delivery in a Theater of Operations

AMEDD-OA-002

OV-6 Operational Sequence & Timing Description

Model Report

REMOTE HEALTH SERVICE REFERRAL SCENARIO

Purpose: To identify the temporal and geographic aspects and sequence of activities describing the execution of a remote health service referral within the context of health care delivery within a theater of operations.

Viewpoint: The activities and information exchanges described in this model are viewed from the perspective of the health service provider.

Definition: Referral of an individual to a geographically separate facility for the purpose of having a health service performed (diagnostic/therapeutic), not available locally, in support of care to that individual; the individual is evacuated/returned but care responsibility is retained by the provider at the originating facility.

Scope: This model focuses on the inter-nodal information exchanges required to support activities at each health care delivery node. This model shows only those internal activities and information exchanges necessary to understand the inter-nodal requirements.

Time Frame: 2010 (TO-BE)

Sources: Subject Matter Experts:

- COL Anita Schmidt - Hospitalization
- LTC Darrell Duncan - Hospitalization/Treatment
- LTC Stephen Rudzki - Hospitalization/Treatment/Telemedicine
- MAJ Robert Pugh - Treatment
- COL James Stokes - Combat Stress Control
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- MAJ Mark Bohannon - Veterinary
- MAJ Bill Hogan - Medical Operations
- MAJ Toni Jackman - Patient Administration (PAD)
- SFC Jose Maldonado - Patient Administration (PAD)

Health Care Delivery in a Theater of Operations

AMEDD-OA-002

OV-6 Operational Sequence & Timing Description

UNIT OF WORK REPORT

BASIC ENCOUNTER SCENARIO

Activity Name: Health Care Facility

Activity Definition: Activities at a single medical operational node that are directly associated with the delivery of health care to individuals who are in need of care. Includes acquiring and assessing the individual with the objective of determining a medical diagnosis and appropriate treatment plan; providing health services as appropriate; and effecting disposition of the individual. Also includes management of the individual personal items and the documentation of care provided.

Description: This Sequence and Timing model applies to a health service encounter or set of health service encounters involving a single medical treatment facility.

Objects: INPUT: 1. Request for Evaluation 2. Relevant Health Information 3. Individual Health Information; INTER-NODAL EXCHANGES: 1. Individual Schedule 2. Inventory (Personal Items) 3. Individual Medical Profile 4. Individual Health Care Instructions 5. Request for Individual Health Information 6. Request for Relevant Health Information

Activity Name: Acquire Individual

Activity Definition: Administrative actions associated with the 1) registration of an individual (capture of demographics), 2) screening/verification of their eligibility for care, 3) scheduling of the individual and required resources for required health services, and 4) administrative actions necessary to initiate the health service encounter. May include the inventory and control of personal and organizational items in possession of the individual. May require unit personnel to transit short distances in order to collect patient (e.g. receipt and transportation of a patient from the medical evacuation system).

Description: 1. All health service encounters at a health care delivery operational node are triggered by a Request for Evaluation. 2. Some Request for Evaluation triggering events may be accompanied by other Individual Health Care Information, such as a Health Service Order, to provide additional characterization of the encounter.

Objects: INPUTS: 1. Request For Evaluation (Trigger) 2. Individual Health Care Information 3. Individual Health Information; EXTERNAL EXCHANGES: 1. Individual Schedule 2. Inventory (Personal Items) 3. Request for Individual Health Information 4. Acquisition Results

Facts: 1. IF (Eligibility Determination EQ "eligible" AND Individual Schedule status EQ "Not Scheduled") THEN generate Individual Schedule. 2. IF (Individual Health Care Information status EQ "inadequate" AND Individual Health Information source EQ "non-health care system") THEN generate Request for Individual Health Information. 3. IF Individual Health Care Information type EQ ("admission order" OR "evacuation order") THEN generate Inventory (Personal Items) 4. IF (ACQUIRE INDIVIDUAL status EQ "complete" AND Eligibility Determination EQ "eligible") THEN generate Acquisition Results.

Constraints: 1. All health service encounters at a medical treatment operational node must begin with the ACQUIRE INDIVIDUAL activity.

Activity Name: Assess Individual

Activity Definition: The process of medically evaluating an individual to obtain pertinent information; formulating a decision regarding the individual's health condition(s), including the development of a diagnosis, based on this information; and determining a treatment plan to include any diagnostic requirements. A medical evaluation may include interview, visual, or physical examination as well as accessing available medical history and ancillary information per the immediate medical and tactical situation.

Description: 1. All individuals must be assessed before a health care procedure can be accomplished to ensure that the individual is ready and capable of having the procedure performed. It is possible that another encounter, e.g. specimen collection, must be accomplished before the current procedure can be completed. 2. All Individuals require assessment following the completion of a health care procedure to determine disposition status.

Objects: INPUTS: 1. Individual Health Information 2. Relevant Health Information 3. Request for Relevant Health Information (Trigger); EXTERNAL EXCHANGES: 1. Request for Individual Health Information 2. Assessment Results 3. Request for Individual Health Care Information

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Facts: 1. IF GATHER INDIVIDUAL HEALTH DATA status EQ "complete" THEN generate Assessment Results 2. IF MAKE DETERMINATION type EQ "diagnosis" THEN generate Assessment Results (Determination) 3. IF DEVELOP TREATMENT PLAN status EQ "complete" THEN generate Assessment Results (Care Plan) 4. IF (Relevant Health Care Information status EQ "inadequate" OR Request for Relevant Health Information) AND source EQ "non-health care system" THEN generate Request for Individual Health Information. 5. IF (Relevant Health Care Information EQ "inadequate" OR Request for Relevant Health Information) AND source EQ "health care system" THEN generate Request for Relevant Health Information.

Constraints: 1. IF GATHER INDIVIDUAL HEALTH DATA status EQ "need diagnostic data" THEN go to PROVIDE HEALTH CARE 2. IF Determination EQ "ready for treatment" THEN go to PROVIDE HEALTH CARE. 3. IF Determination EQ "encounter complete" THEN go to EFFECT DISPOSITION.

Activity Name: Provide Health Care

Activity Definition: Performance of the treatment plan, including requested diagnostic procedures, as permitted by the tactical situation, using available resources (personnel, equipment, facilities, supplies, and services) with the objective of enabling a RTD or stabilizing the individual for transportation to an appropriate medical treatment facility.

Description: 1. The PROVIDE HEALTH CARE activity must be preceded by an ASSESS INDIVIDUAL activity to ensure that the individual is in fact ready for the ordered health service or to generate derivative Health Service Orders as required. 2 The PROVIDE HEALTH CARE activity is always followed by the ASSESS INDIVIDUAL activity to make a Determination of next activity.

Objects: INPUTS: 1. Health Service Order (Diagnostic HSO or Therapeutic HSO) (Trigger) 2. Relevant Health Information; EXTERNAL EXCHANGES: 1. None

Facts: 1. IF{(PERFORM THERAPEUTIC PROCEDURE status EQ ("complete" OR "suspended")) THEN generate Care Results (Therapeutic Results) 2. IF{PERFORM DIAGNOSTIC PROCEDURE status EQ ("complete" OR "suspended")) THEN generate Care Results (Clinical Test Results). 3. IF (Relevant Health Care Information status EQ "inadequate") THEN generate Request for Relevant Health Information.

Constraints: 1. If the available Relevant Health Information is not adequate to complete the ordered health care service a Request for Relevant Health Information is (internally) passed to the ASSESS INDIVIDUAL (GATHER INDIVIDUAL HEALTH DATA) activity. 2. IF{(PERFORM DIAGNOSTIC PROCEDURE or PERFORM THERAPEUTIC PROCEDURE) status EQ ("complete" OR "suspended")) THEN go to ASSESS INDIVIDUAL.

Activity Name: Effect Disposition

Activity Definition: Activities associated with the orderly conclusion of a health service encounter. Includes documentation of the individuals disposition status e.g. 1) RTD, 2) transfer to another health service encounter, 3) Admission, 4) assignment to quarters, 5) deceased, etc. Includes the reporting of actual performance data to support a wide array of MedLog and Med C2 activities. May Include the notification of the individual's unit, appropriate support agencies, etc. regarding the individual's medical status for purposes such as command and control, unit morale, or coordination of transportation, etc. May also include the return of personal items and organizational items as appropriate.

Description: 1. All health care encounters and all episodes of care must end with the EFFECT DISPOSITION activity.

Objects: INPUTS: 1. Health Service Order (Disposition Order) (Trigger) 2. Relevant Health Care Information (Determination) (Trigger); EXTERNAL EXCHANGES: 1. Unit Notification 2. Individual Health Care Instructions 3. Individual Medical Profile 4. Disposition Results

Facts: 1. IF Health Service Order EQ ("self-administered therapeutic orders" OR "activity limitations") THEN generate Individual Health Care Instructions. 2. IF Health Service Order EQ "special treatment" OR "activity limitations" THEN generate Individual Medical Profile 3. IF Determination EQ "encounter complete" THEN generate Disposition Results

SYNCHRONOUS TELE-CONSULT/MENTOR SCENARIO

Activity Name: Requesting Facility

Activity Definition: Activities directly associated with the delivery of health care to individuals who are in need of care. Includes acquiring and assessing the individual with the objective of determining a medical diagnosis

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and appropriate treatment plan; providing health services as appropriate; and effecting disposition of the individual. Also includes management of the individual personal items and the documentation of care provided.

Activity Name: Assess Individual (Requester)

Activity Definition: The process of medically evaluating an individual to obtain pertinent information; formulating a decision regarding the individual's health condition(s), including the development of a diagnosis, based on this information; and determining a treatment plan to include any diagnostic requirements. A medical evaluation may include interview, visual, or physical examination as well as accessing available medical history and ancillary information per the immediate medical and tactical situation.

Description: When a provider determines that consultative support is required from a geographically separated provider the process is initiated by providing a Request For Evaluation and Consultation Order that goes to the ACQUIRE INDIVIDUAL activity at the consultation facility to initiate resource scheduling actions.

Objects: INPUTS: None; EXTERNAL EXCHANGES: 1. Request For Evaluation 2. Consultation Order

Facts: 1. IF Determination EQ "requires consultation/mentoring" THEN generate Request For Evaluation AND Consultation Order

Activity Name: Acquire Individual (Consultant)

Activity Definition: Administrative actions associated with the 1) registration of an individual (capture of demographics), 2) screening/verification of their eligibility for care, 3) scheduling of the individual and required resources for required health services, and 4) administrative actions necessary to initiate the health service encounter. May include the inventory and control of personal and organizational items in possession of the individual. May require unit personnel to transit short distances in order to collect patient (e.g. receipt and transportation of a patient from the medical evacuation system).

Description: When the Request For Evaluation and the Consultation is received by the consultation facility the required resources (both personnel and facilities) are assigned. If a resource requirement is received the ARRANGE ENCOUNTER activity is reinitiated to generate a new resource assignment. This is continued until resources at both the requesting and consultation facility are synchronized.

Objects: INPUTS: 1. Request For Evaluation (Trigger) 2. Consultation Order 3. Resource Requirement (Trigger); EXTERNAL EXCHANGES: 1. Resource Assignment

Facts: 1. IF Request For Evaluation AND Consultation Order THEN generate Resource Assignment 2. IF Resource Requirement THEN generate Resource Assignment.

Activity Name: Acquire Individual (Requester)

Activity Definition: Administrative actions associated with the 1) registration of an individual (capture of demographics), 2) screening/verification of their eligibility for care, 3) scheduling of the individual and required resources for required health services, and 4) administrative actions necessary to initiate the health service encounter. May include the inventory and control of personal and organizational items in possession of the individual. May require unit personnel to transit short distances in order to collect patient (e.g. receipt and transportation of a patient from the medical evacuation system).

Description: If the individual schedule provided by the consultation facility does not match the available resource (either personnel or facilities) at the requesting facility a request to re-schedule the tele-consultation event is sent to the consultation facility.

Objects: INPUTS: 1. Consultation Order 2. Individual Schedule (Trigger); EXTERNAL EXCHANGES: 1. Resource Requirement

Facts: IF Individual Schedule NOT EQ "available resources" THEN generate Resource Requirement

Activity Name: Assess Individual 2 (Requester)

Activity Definition: The process of medically evaluating an individual to obtain pertinent information; formulating a decision regarding the individual's health condition(s), including the development of a diagnosis, based on this information; and determining a treatment plan to include any diagnostic requirements. A medical evaluation may include interview, visual, or physical examination as well as accessing available medical history and ancillary information per the immediate medical and tactical situation.

Description: At the scheduled time the requesting provider and the consultant provider exchange relevant health information until the consultant feels that an appropriate determination can be made within the context of the

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consultation order. In the case of a mentoring activity more than one determination may be required before the session is completed.

Objects: INPUTS: 1. Individual Schedule (Trigger) 2. Request for Relevant Health Information (Trigger) 3.

Determination; EXTERNAL EXCHANGES: 1. Relevant Health Information

Facts: 1. IF Individual Schedule time EQ "current" THEN generate Relevant Health Information 2. IF Request for Relevant Health Information THEN generate Relevant Health Information

Activity Name: Assess Individual (Consultant)

Activity Definition: The process of medically evaluating an individual to obtain pertinent information; formulating a decision regarding the individual's health condition(s), including the development of a diagnosis, based on this information; and determining a treatment plan to include any diagnostic requirements. A medical evaluation may include interview, visual, or physical examination as well as accessing available medical history and ancillary information per the immediate medical and tactical situation.

Description: When the consultation session begins the consultant reviews the available relevant health information and if the information is adequate makes a determination. If the relevant health information is deemed inadequate to make a determination relative to the consultation order the consultant asks for additional information to be provided. This interaction between the requesting and consultant provider may continue for numerous exchanges of information.

Objects: INPUTS: 1. Individual Schedule (Trigger) 2. Relevant Health Information (Trigger); EXTERNAL

EXCHANGES: 1. Request for Relevant Health Information 2. Determination

Facts: 1. IF Relevant Health Information status EQ "adequate" THEN generate Determination ELSE generate Request for Relevant Health Information.

Activity Name: Consultation Facility

ASYNCHRONOUS TELE-CONSULTATION SCENARIO

Activity Name: Originator Facility

Activity Definition: The facility that is originating the consultation request. This is where the individual being provided health services resides.

Activity Name: Assess Individual (Requester)

Activity Definition: The process of medically evaluating an individual to obtain pertinent information; formulating a decision regarding the individual's health condition(s), including the development of a diagnosis, based on this information; and determining a treatment plan to include any diagnostic requirements. A medical evaluation may include interview, visual, or physical examination as well as accessing available medical history and ancillary information per the immediate medical and tactical situation.

Description: If in the course of an encounter the requester determines that input from another health care professional is required to make a determination or develop a care plan, the requestor puts together a package of information and forwards it to the consultant.

Objects: INPUTS: None; EXTERNAL EXCHANGES: 1. Request For Evaluation 2. Consultation Order 3. Relevant Health Information

Facts: 1. IF Determination status EQ "requires consultation" THEN generate (Request For Evaluation AND Consultation Order AND Relevant Health Information)

Activity Name: Acquire Individual (Consultant)

Activity Definition: Administrative actions associated with the 1) registration of an individual (capture of demographics), 2) screening/verification of their eligibility for care, 3) scheduling of the individual and required resources for required health services, and 4) administrative actions necessary to initiate the health service encounter. May include the inventory and control of personal and organizational items in possession of the individual. May require unit personnel to transit short distances in order to collect patient (e.g. receipt and transportation of a patient from the medical evacuation system).

Description: When all the necessary information is obtained at the consultation facility an assessment is scheduled.

Objects: INPUTS: 1. Request For Evaluation 2. Consultation Order; EXTERNAL EXCHANGES: None

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Activity Name: Assess Individual (Consultant)

Activity Definition: The process of medically evaluating an individual to obtain pertinent information; formulating a decision regarding the individual's health condition(s), including the development of a diagnosis, based on this information; and determining a treatment plan to include any diagnostic requirements. A medical evaluation may include interview, visual, or physical examination as well as accessing available medical history and ancillary information per the immediate medical and tactical situation.

Description: If the information received from the requester is inadequate, the consultant request the needed information from the requester. If the information is adequate a determination is made relative to the consultation order and forwarded to the requester.

Objects: INPUTS: 1. Individual Schedule (Trigger) 2. Relevant Health Information; EXTERNAL EXCHANGES: 1. Request for Relevant Health Information 2. Determination

Facts: 1. IF (Individual Schedule time EQ "current" AND Relevant Health Information EQ "adequate") THEN generate Determination 2. 1. IF (Individual Schedule time EQ "current" AND Relevant Health Information EQ "inadequate") THEN generate Request For Relevant Health Information.

Activity Name: Assess Individual 2 (Requester)

Activity Definition: The process of medically evaluating an individual to obtain pertinent information; formulating a decision regarding the individual's health condition(s), including the development of a diagnosis, based on this information; and determining a treatment plan to include any diagnostic requirements. A medical evaluation may include interview, visual, or physical examination as well as accessing available medical history and ancillary information per the immediate medical and tactical situation.

Description: If the consultant request additional information, the requester secures the necessary information and forwards it to the consultant. If the determination is received from the consultant the Asynchronous consultation is completed and the requester continues with the encounter.

Objects: INPUTS: 1. Request for Relevant Health Information 2. Determination; EXTERNAL EXCHANGES: 1. Relevant Health Information

Facts: 1. IF Request for Relevant Health Information THEN generate Relevant Health Information

Activity Name: Consultant Facility

Activity Definition: The facility that houses the provider that is providing the consultation.

EN ROUTE CARE SCENARIO

Activity Name: Originating Facility

Activity Name: Assess Individual (Originator)

Activity Definition: The process of medically evaluating an individual to obtain pertinent information; formulating a decision regarding the individual's health condition(s), including the development of a diagnosis, based on this information; and determining a treatment plan to include any diagnostic requirements. A medical evaluation may include interview, visual, or physical examination as well as accessing available medical history and ancillary information per the immediate medical and tactical situation.

Description: The evacuation process is initiated when a health care provider generates an evacuation order.

Objects: INPUTS: N/A; EXTERNAL EXCHANGES: None

Activity Name: Acquire Individual 2 (Originator)

Activity Definition: Administrative actions associated with the 1) registration of an individual (capture of demographics), 2) screening/verification of their eligibility for care, 3) scheduling of the individual and required resources for required health services, and 4) administrative actions necessary to initiate the health service encounter. May include the inventory and control of personal and organizational items in possession of the individual. May require unit personnel to transit short distances in order to collect patient (e.g. receipt and transportation of a patient from the medical evacuation system).

Description: Internal information exchange required to initiate the physical evacuation process. In order to meet a pre-arranged transportation schedule or upon notification of the arrival of an evacuation platform an individual schedule is generated that prompts an assessment as to the individuals readiness to be evacuated.

Objects: INPUTS: None; EXTERNAL EXCHANGES: None

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Activity Name: Acquire Individual (Originator)

Activity Definition: Administrative actions associated with the 1) registration of an individual (capture of demographics), 2) screening/verification of their eligibility for care, 3) scheduling of the individual and required resources for required health services, and 4) administrative actions necessary to initiate the health service encounter. May include the inventory and control of personal and organizational items in possession of the individual. May require unit personnel to transit short distances in order to collect patient (e.g. receipt and transportation of a patient from the medical evacuation system).

Description: Based on the transportation schedule, the individual is scheduled for assessment in preparation for the transfer to the evacuation platform.

Objects: INPUTS: 1. Evacuation Order (Trigger); EXTERNAL EXCHANGES: 1. None

Activity Name: Assess Individual 2 (Originator)

Activity Definition: The process of medically evaluating an individual to obtain pertinent information; formulating a decision regarding the individual's health condition(s), including the development of a diagnosis, based on this information; and determining a treatment plan to include any diagnostic requirements. A medical evaluation may include interview, visual, or physical examination as well as accessing available medical history and ancillary information per the immediate medical and tactical situation.

Description: An assessment is made as to the individuals readiness for evacuation and if determined to be ready appropriate documentation is generated to implement the transfer of responsibility for management of the individual to the evacuation platform.

Objects: INPUTS: 1. Individual Schedule (Trigger); EXTERNAL EXCHANGES: 1. Request for Evaluation
2. Relevant Health Information

Facts: 1. IF (Individual Schedule EQ "current" AND Determination EQ "ready for evacuation") THEN generate (Request For Evaluation AND Relevant Health Information)

Activity Name: Acquire Individual (Evac)

Activity Definition: Administrative actions associated with the 1) registration of an individual (capture of demographics), 2) screening/verification of their eligibility for care, 3) scheduling of the individual and required resources for required health services, and 4) administrative actions necessary to initiate the health service encounter. May include the inventory and control of personal and organizational items in possession of the individual. May require unit personnel to transit short distances in order to collect patient (e.g. receipt and transportation of a patient from the medical evacuation system).

Description: An Individual Schedule is generated to initiate internal control of health care activities.

Objects: INPUTS: 1. Request For Evaluation (Trigger); EXTERNAL EXCHANGES: None

Activity Name: Acquire Individual (Destination)

Activity Definition: Administrative actions associated with the 1) registration of an individual (capture of demographics), 2) screening/verification of their eligibility for care, 3) scheduling of the individual and required resources for required health services, and 4) administrative actions necessary to initiate the health service encounter.

Description: An Individual Schedule is generated to initiate internal control of health care activities.

Objects: INPUTS: 1. Request For Evaluation (Trigger); EXTERNAL EXCHANGES: None

Activity Name: Assess Individual 2 (Evac)

Activity Definition: The process of medically evaluating an individual to obtain pertinent information; formulating a decision regarding the individual's health condition(s), including the development of a diagnosis, based on this information; and determining a treatment plan to include any diagnostic requirements. A medical evaluation may include interview, visual, or physical examination as well as accessing available medical history and ancillary information per the immediate medical and tactical situation.

Description: Upon arrival at the destination HCD operational node the individual a provider referral is made and the appropriate assessment results are provided to the destination.

Objects: INPUTS: None; EXTERNAL EXCHANGES: 1. Request For Evaluation 2. Assessment Results

Facts: 1. IF location EQ "destination" THEN generate Request For Evaluation AND Assessment Results

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Activity Name: Assess Individual (Evac)

Activity Definition: The process of medically evaluating an individual to obtain pertinent information; formulating a decision regarding the individual's health condition(s), including the development of a diagnosis, based on this information; and determining a treatment plan to include any diagnostic requirements. A medical evaluation may include interview, visual, or physical examination as well as accessing available medical history and ancillary information per the immediate medical and tactical situation.

Description: Prior to accepting the individual for transport the evacuation crew determines if the individual is ready for evacuation.

Objects: INPUTS: 1. Individual Schedule 2. Relevant Health Information; EXTERNAL EXCHANGES: None

Activity Name: Provide Health Care (Destination)

Activity Definition: Performance of the treatment plan, including requested diagnostic procedures , as permitted by the tactical situation, using available resources (personnel, equipment, facilities, supplies, and services) with the objective of enabling a RTD or stabilizing the individual for

Description: When responsibility for the individual is accepted by the destination medical treatment facility, the health care providers execute any health service orders at the appropriate times.

Objects: INPUTS: 1. Health Service Order (Trigger); EXTERNAL EXCHANGE: None

Activity Name: Provide Health Care 2 (Evac)

Activity Definition: Performance of the treatment plan, including requested diagnostic procedures , as permitted by the tactical situation, using available resources (personnel, equipment, facilities, supplies, and services) with the objective of enabling a RTD or stabilizing the individual for transportation to an appropriate medical treatment facility.

Description: Upon arrival at the destination HCD operational node the Care Results associated with health care procedures performed during transport are provided to the destination.

Objects: INPUTS: None; EXTERNAL EXCHANGES: 1. Care Results

Facts: 1. IF location EQ "destination" THEN generate Care Results

Activity Name: Provide Health Care (Evac)

Activity Definition: Performance of the treatment plan, including requested diagnostic procedures , as permitted by the tactical situation, using available resources (personnel, equipment, facilities, supplies, and services) with the objective of enabling a RTD or stabilizing the individual for

Description: When responsibility for the individual is accepted by the evacuation platform, the health care providers execute any health service orders at the appropriate times.

Objects: INPUTS: 1. Health Service Order (Trigger) 2. Determination; EXTERNAL EXCHANGE: None

Activity Name: Effect Disposition (Evac)

Activity Definition: Activities associated with the orderly conclusion of a health service encounter. Includes documentation of the individuals disposition status e.g. 1) RTD, 2) transfer to another health service encounter, 3) Admission, 4) assignment to quarters, 5) deceased, etc. Includes the reporting of actual performance data to support a wide array of MedLog and Med C2 activities. May Include the notification of the individual's unit, appropriate support agencies, etc. regarding the individual's medical status for purposes such as command and control, unit morale, or coordination of transportation, etc. May also include the return of personal items and organizational items as appropriate.

Description: Upon arrival at the destination disposition information is added to the Individual Health Care Information and provided to the destination HCD operational node.

Objects: INPUTS: None; EXTERNAL EXCHANGE: None

Facts: IF location EQ "destination" THEN generate Disposition Results

Activity Name: Assess Individual (Destination)

Activity Definition: The process of medically evaluating an individual to obtain pertinent information; formulating a decision regarding the individual's health condition(s), including the development of a diagnosis, based on this information; and determining a treatment plan to include any diagnostic requirements. A medical evaluation may include interview, visual, or physical examination as well as accessing available medical history and ancillary information per the immediate medical and tactical situation.

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Description: The individual is assessed as being ready to transfer to the care of the destination medical treatment facility.

Objects: INPUTS: 1. Individual Schedule 2. Relevant Health Information; EXTERNAL EXCHANGES: None

Activity Name: Effect Disposition (Originator)

Activity Definition: Activities associated with the orderly conclusion of a health service encounter. Includes documentation of the individuals disposition status e.g. 1) RTD, 2) transfer to another health service encounter, 3) Admission, 4) assignment to quarters, 5) deceased, etc. Includes the reporting of actual performance data to support a wide array of MedLog and Med C2 activities. May Include the notification of the individual's unit, appropriate support agencies, etc. regarding the individual's medical status for purposes such as command and control, unit morale, or coordination of transportation, etc. May also include the return of personal items and organizational items as appropriate.

Description: When the individual is accepted by the evacuation platform the individual is dispositioned from the originating facility

Objects: INPUTS: 1. Transfer Receipt (Trigger); EXTERNAL EXCHANGES: None

Activity Name: Acquire Individual 2 (Evac)

Activity Definition: Administrative actions associated with the 1) registration of an individual (capture of demographics), 2) screening/verification of their eligibility for care, 3) scheduling of the individual and required resources for required health services, and 4) administrative actions necessary to initiate the health

Description: If the individual is assessed by the evacuation platform to be ready for transportation a receipt is provided to the originating operational node as part of the INITIATE ENCOUNTER activity.

Objects: INPUTS: 1. Determination (Trigger); EXTERNAL EXCHANGE: 1. Transfer Receipt

Facts: 1. IF Determination EQ "ready for transport" THEN generate Transfer Receipt

Activity Name: Effect Disposition 2 (Evac)

Activity Definition: Activities associated with the orderly conclusion of a health service encounter. Includes documentation of the individuals disposition status e.g. 1) RTD, 2) transfer to another health service encounter, 3) Admission, 4) assignment to quarters, 5) deceased, etc. Includes the reporting of actual performance data to support a wide array of MedLog and Med C2 activities. May Include the notification of the individual's unit, appropriate support agencies, etc. regarding the individual's medical status for purposes such as command and control, unit morale, or coordination of transportation, etc. May also include the return of personal items and organizational items as appropriate.

Description: When the individual is accepted by the destination facility the individual is dispositioned from the evacuation platform.

Objects: INPUTS: 1. Transfer Receipt (Trigger); EXTERNAL EXCHANGES: None

Activity Name: Acquire Individual 2 (Destination)

Activity Definition: Administrative actions associated with the 1) registration of an individual (capture of demographics), 2) screening/verification of their eligibility for care, 3) scheduling of the individual and required resources for required health services, and 4) administrative actions necessary to initiate the health service encounter. May include the inventory and control of personal and organizational items in possession of the individual. May require unit personnel to transit short distances in order to collect patient (e.g. receipt and transportation of a patient from the medical evacuation system).

Description: When the individual is transferred to the destination HCD operational node a receipt is provided to the evacuation platform as a part of the INITIATE ENCOUNTER activity..

Objects: INPUTS: 1. Determination; EXTERNAL EXCHANGE: 1. Transfer Receipt

Facts: 1. IF (Determination EQ " accept responsibility" THEN generate Transfer Receipt

Activity Name: Evacuation Platform

Activity Name: Destination Facility

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CLINICAL LABORATORY CONSULT SCENARIO

Activity Name: Originating Clinical Laboratory

Activity Definition: Clinical laboratory function within the originating health care delivery operational node.

Activity Name: Assess Individual (Originator)

Activity Definition: The process of medically evaluating an individual to obtain pertinent information; formulating a decision regarding the individual's health condition(s), including the development of a diagnosis, based on this information; and determining a treatment plan to include any diagnostic requirements. A medical evaluation may include interview, visual, or physical examination as well as accessing available medical history and ancillary information per the immediate medical and tactical situation.

Description: The laboratory consultation process is initiated with a request to obtain information necessitating that a specimen diagnostic procedure be performed.

Objects: INPUTS: N/A; EXTERNAL EXCHANGES: None

Activity Name: Acquire Individual (Origin Lab)

Activity Definition: Administrative actions associated with the 1) registration of an individual (capture of demographics), 2) screening/verification of their eligibility for care, 3) scheduling of the individual and required resources for required health services, and 4) administrative actions necessary to initiate the health service encounter. May include the inventory and control of personal and organizational items in possession of the individual. May require unit personnel to transit short distances in order to collect patient (e.g. receipt and transportation of a patient from the medical evacuation system).

Description: The individual is acquired by the clinical laboratory and scheduled for an assessment.

Objects: INPUTS: 1. Request For Evaluation 2. Diagnostic Order 3. Specimen Collection Order; EXTERNAL EXCHANGES: None

Activity Name: Acquire Individual (Ref Lab)

Activity Definition: Administrative actions associated with the 1) registration of an individual (capture of demographics), 2) screening/verification of their eligibility for care, 3) scheduling of the individual and required resources for required health services, and 4) administrative actions necessary to initiate the health service encounter. May include the inventory and control of personal and organizational items in possession of the individual. May require unit personnel to transit short distances in order to collect patient (e.g. receipt and transportation of a patient from the medical evacuation system).

Description: Upon receiving the individual's health care information and the required diagnostic specimen, a receipt is generated as a part of the INITIATE ENCOUNTER activity. The specimen is scheduled for assessment.

Objects: INPUTS: 1. Request For Evaluation 2. Diagnostic Order 3. Diagnostic Specimen Registration; EXTERNAL EXCHANGES: 1. Transfer Receipt

Facts: IF (Request For Evaluation AND Diagnostic Order AND Diagnostic Specimen Registration) THEN generate Transfer Receipt

Activity Name: Assess Individual (Origin Lab)

Activity Definition: The process of medically evaluating an individual to obtain pertinent information; formulating a decision regarding the individual's health condition(s), including the development of a diagnosis, based on this information; and determining a treatment plan to include any diagnostic requirements. A medical evaluation may include interview, visual, or physical examination as well as accessing available medical history and ancillary information per the immediate medical and tactical situation.

Description: If the diagnostic procedure is not within the capability of the originating clinical laboratory a referral is made to the appropriate reference laboratory.

Objects: INPUTS: 1. Individual Schedule; EXTERNAL EXCHANGES: 1. Request For Evaluation 2. Diagnostic Order

Facts: 1. IF Determination EQ "not capable of performing diagnostic procedure" THEN generate Request For Evaluation AND Diagnostic Order

Constraints: 1. IF Determination EQ "individual ready for specimen collection" THEN go to PROVIDE HEALTH CARE activity.

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Activity Name: Assess Individual (Ref Lab)

Activity Definition: The process of medically evaluating an individual to obtain pertinent information; formulating a decision regarding the individual's health condition(s), including the development of a diagnosis, based on this information; and determining a treatment plan to include any diagnostic requirements. A medical evaluation may include interview, visual, or physical examination as well as accessing available medical history and ancillary information per the immediate medical and tactical situation.

Description: A determination is made as to whether the specimen is adequate for the required diagnostic procedure.

Objects: INPUTS: 1. Individual Schedule; EXTERNAL EXCHANGE: 1. Specimen Collection Order

Facts: 1. IF Determination EQ "specimen not adequate" THEN generate Specimen Collection Order

Activity Name: Provide Health Care (Origin Lab)

Activity Definition: Perform preparatory actions before providing a health care service. This may include (1) attaching individual to monitors; (2) positioning the individual; (3) obtaining biological specimens, and (4) ensuring individual safety by using chemical or mechanical restraints as required.

Description: If the individual is determined to be ready for the diagnostic procedure the appropriate specimen is obtained, documented and sent to the reference laboratory.

Objects: INPUTS: 1. Specimen Collection Order; EXTERNAL EXCHANGES: 1. Diagnostic Specimen Registration

Facts: 1. IF Determination EQ "ready for procedure" THEN generate Diagnostic Specimen Registration

Activity Name: Provide Health Care (Ref Lab)

Activity Definition: Apply techniques to obtain information about the customer's condition using medical equipment and technology.

Description: If the specimen is determined to be adequate the requested diagnostic procedure is performed.

Objects: INPUTS: 1. Determination; EXTERNAL EXCHANGES: None

Activity Name: Acquire Individual 2 (Origin Lab)

Description: When the specimen has been received by the Laboratory, the originating Lab is notified of specimen receipt.

Objects: INPUTS: 1. Transfer Receipt; EXTERNAL EXCHANGES: None

Activity Name: Assess Individual 2 (Originator)

Activity Definition: The process of medically evaluating an individual to obtain pertinent information; formulating a decision regarding the individual's health condition(s), including the development of a diagnosis, based on this information; and determining a treatment plan to include any diagnostic requirements. A medical evaluation may include interview, visual, or physical examination as well as accessing available medical history and ancillary information per the immediate medical and tactical situation.

Description: The originator is provided the results of performing the requested diagnostic procedure.

Objects: INPUTS: 1. Determination 2. Clinical Test Results

EXTERNAL EXCHANGES: None

Activity Name: Assess Individual 2 (Ref Lab)

Activity Definition: The process of medically evaluating an individual to obtain pertinent information; formulating a decision regarding the individual's health condition(s), including the development of a diagnosis, based on this information; and determining a treatment plan to include any diagnostic requirements. A medical evaluation may include interview, visual, or physical examination as well as accessing available medical history and ancillary information per the immediate medical and tactical situation.

Description: When the test results are certified as final they are provided to the originator.

Objects: INPUTS: 1. Clinical Test Results; EXTERNAL EXCHANGES: 1. Clinical Test Results

Facts: 1. IF Determination EQ "certified" THEN generate Clinical Test Results

Activity Name: Reference Clinical Laboratory

Activity Definition: The clinical laboratory function within the destination health care delivery operational node.

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REMOTE HEALTH SERVICE REFERRAL SCENARIO

Activity Name: Originating Node

Activity Definition: Originating health care delivery operational node.

Activity Name: Assess Individual (Originator)

Activity Definition: The process of medically evaluating an individual to obtain pertinent information; formulating a decision regarding the individual's health condition(s), including the development of a diagnosis, based on this information; and determining a treatment plan to include any diagnostic requirements. A medical evaluation may include interview, visual, or physical examination as well as accessing available medical history and ancillary information per the immediate medical and tactical situation.

Description: The remote health service process is initiated with a request to perform a health service on an individual that is for some reason not capable of being accomplished at the originating medical treatment facility. The individual is transferred to the supporting medical treatment facility for accomplishment of the desired health service only and will be returned to the originating medical treatment facility to complete the current encounter.

Objects: INPUTS: N/A; EXTERNAL EXCHANGES: 1. Request for Evaluation 2. Health Service Order 3. Relevant Health Information

Activity Name: Acquire Individual (Support)

Activity Definition: Administrative actions associated with the 1) registration of an individual (capture of demographics), 2) screening/verification of their eligibility for care, 3) scheduling of the individual and required resources for required health services, and 4) administrative actions necessary to initiate the health service encounter. May include the inventory and control of personal and organizational items in possession of the individual. May require unit personnel to transit short distances in order to collect patient (e.g. receipt and transportation of a patient from the medical evacuation system).

Description: The individual is scheduled to receive the requested health service at the supporting medical treatment facility.

Objects: INPUTS: 1. Request For Evaluation (Trigger); EXTERNAL EXCHANGES: None

Activity Name: Assess Individual (Support)

Activity Definition: The process of medically evaluating an individual to obtain pertinent information; formulating a decision regarding the individual's health condition(s), including the development of a diagnosis, based on this information; and determining a treatment plan to include any diagnostic requirements. A medical evaluation may include interview, visual, or physical examination as well as accessing available medical history and ancillary information per the immediate medical and tactical situation.

Description: A determination is made as to whether the individual is adequately prepared for the required health service..

Objects: INPUTS: 1. Individual Schedule (Trigger) 2. Relevant Health Information; EXTERNAL EXCHANGE: 1. Specimen Collection Order

Facts: 1. IF Determination EQ "information not adequate" THEN generate Request for Relevant Health Information

Activity Name: Assess Individual 2 (Originator)

Activity Definition: The process of medically evaluating an individual to obtain pertinent information; formulating a decision regarding the individual's health condition(s), including the development of a diagnosis, based on this information; and determining a treatment plan to include any diagnostic requirements. A medical evaluation may include interview, visual, or physical examination as well as accessing available medical history and ancillary information per the immediate medical and tactical situation.

Activity Name: Provide Health Care (Support)

Activity Definition: Performance of the treatment plan, including requested diagnostic procedures, as permitted by the tactical situation, using available resources (personnel, equipment, facilities, supplies, and services) with the objective of enabling a RTD or stabilizing the individual for transportation to an appropriate medical treatment facility.

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Description: If the individual is determined to be adequately prepared, the requested health service procedure is performed.

Objects: INPUTS: 1. Determination 2. Health Service Order (Trigger); EXTERNAL EXCHANGES: None

Activity Name: Assess Individual 2 (Support)

Activity Definition: The process of medically evaluating an individual to obtain pertinent information; formulating a decision regarding the individual's health condition(s), including the development of a diagnosis, based on this information; and determining a treatment plan to include any diagnostic requirements. A medical evaluation may include interview, visual, or physical examination as well as accessing available medical history and ancillary information per the immediate medical and tactical situation.

Description: The results of the health service are assessed to determine adequacy and provided to the originating medical treatment facility as appropriate.

Objects: INPUTS: 1. Care Results (Trigger); EXTERNAL EXCHANGES: 1. Clinical Test Results 2. Therapeutic Results

Facts: 1. IF (Determination EQ "diagnostic procedure successfully completed") Then generate Clinical Test Results. 2. IF (Determination EQ "therapeutic procedure completed") Then generate Therapeutic Results.

Constraints: All procedures must be evaluated by the Assess Individual activity prior to dispositioning of the individual at the support medical treatment facility.

Activity Name: Assess Individual 3 (Originator)

Activity Definition: The process of medically evaluating an individual to obtain pertinent information; formulating a decision regarding the individual's health condition(s), including the development of a diagnosis, based on this information; and determining a treatment plan to include any diagnostic requirements. A medical evaluation may include interview, visual, or physical examination as well as accessing available medical history and ancillary information per the immediate medical and tactical situation.

Description: The 3) - Health Care Delivery Inter-Nodal Information Flow (Remote Health Service Referral) [HCD HS Referral WF Working.bp1]

Objects: INPUTS: 1. Therapeutic Results 2. Clinical Test Results; EXTERNAL EXCHANGES: None

Activity Name: Support Node

Activity Definition: Destination health care delivery operational node.

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ARROW REPORT

BASIC ENCOUNTER SCENARIO

Arrow Name: Acquisition Results

Arrow Definition: Documentation of information resulting from the introduction of an individual into the health care delivery system with the intent of providing a health service. This may include 1) individual identification and demographics, 2) identification of the date, time and location of the encounter, and 3) other none clinical information required to describe the circumstances of the encounter (e.g. flight information for evacuation patients, ward/bed assignment, doctor assignment, etc).

Arrow Source: Acquire Individual Action

Arrow Dest.: Individual Health Care Information (Internal) Accumulator

Arrow Name: Assessment Results

Arrow Definition: Documentation of clinical information resulting from the assessment of an individual. This may include 1) symptomatic information; 2) objective data (including diagnostic results); 3) Diagnosis, and 3) Health Service Orders associated with the care plan.

Arrow Source: Assess Individual Action

Arrow Dest.: Individual Health Care Information (Internal) Accumulator

Arrow Name: Care Results

Arrow Definition: Documentation of clinical information resulting from a health care service provided to an individual. This may include 1) Description of the chosen technique, 2) preparation results, 3) clinical test results, and 4) therapeutic procedure results.

Arrow Source: Provide Health Care Action

Arrow Dest.: Individual Health Care Information (Internal) Accumulator

Arrow Name: Disposition Results

Arrow Definition: Information about the place or organization (such as "RTD" or "Quarters") to which an individual has been directed at the conclusion of a health service encounter.

Arrow Source: Effect Disposition Action

Arrow Dest.: Individual Health Care Information (Internal) Accumulator

Arrow Name: Health Service Order

Arrow Definition: Directives to provide health services, including recommended preventive health services.

Arrow Source: Individual Health Care Information (Internal) Router

Arrow Dest.: Provide Health Care Trigger

Arrow Source: Individual Health Care Information (Internal) Router

Arrow Dest.: Effect Disposition Trigger

Arrow Name: Individual Health Care Information

Arrow Definition: All historical and current health care information resulting from health service encounters.

Arrow Source: Individual Health Care Information (Internal) Router

Arrow Dest.: Acquire Individual Trigger

Arrow Name: Individual Health Care Instructions

Arrow Definition: Information provided to the individual upon disposition to provide guidance on follow up health care requirements.

Arrow Source: Effect Disposition Action

Arrow Dest.: { Border }

Arrow Name: Individual Health Information

Arrow Definition: Health information received about the individual from sources outside the health system (not available from Individual Health Records). Includes information such as (1) historical and current health

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information obtained from collateral sources such as the family, command, supervisor, law enforcement, and social service agencies; and (2) collateral information of importance to the current health service encounter.

Arrow Source: { Border }

Arrow Dest.: Individual Health Information Router

Arrow Name: Individual Medical Profile

Arrow Definition: Information concerning the current health status of an individual and any duty limitations or special considerations that are required for a defined length of time.

Arrow Source: Effect Disposition Action

Arrow Dest.: { Border }

Arrow Name: Individual Schedule

Arrow Definition: The date, time, place, and provider for a health service encounter.

Arrow Source: Acquire Individual Action

Arrow Dest.: { Border }

Arrow Name: Inventory (Personal Items)

Arrow Definition: Itemized listing of personal items belonging to the patient.

Arrow Source: Acquire Individual Action

Arrow Dest.: { Border }

Arrow Name: Relevant Health Information

Arrow Definition: Health information received about the individual from any source that is important to the current health service encounter. Includes information such as (1) historical and current health information; (2) results of diagnostic tests; and (3) collateral information of importance to the current health service encounter.

Arrow Source: { Border }

Arrow Dest.: Assess Individual Trigger

Arrow Source: Individual Health Care Information (Internal) Router

Arrow Dest.: Assess Individual Trigger

Arrow Source: Individual Health Care Information (Internal) Router

Arrow Dest.: Provide Health Care Trigger

Arrow Source: Individual Health Care Information (Internal) Router

Arrow Dest.: Effect Disposition Trigger

Arrow Name: Request For Evaluation

Arrow Definition: Command referral, self-referral or referral by another health care provider (including a consultation or tele-consultation) of an individual or information related to an individual for medical/ psychological evaluation.

Arrow Source: { Border }

Arrow Dest.: Acquire Individual Trigger

Arrow Source: Assess Individual Action

Arrow Dest.: Acquire Individual Trigger

Arrow Name: Request for Individual Health Information

Arrow Definition: A request for health information about an individual from sources outside the health system (not available from Individual Health Records). Includes information such as (1) historical and current health care information obtained from collateral sources such as the family, command, supervisor, law enforcement, and social service agencies; and (2) collateral information of importance to the current health service encounter.

Arrow Source: Acquire Individual Action

Arrow Dest.: { Border }

Arrow Source: Request for Individual Health Information Accumulator

Arrow Dest.: Request for Individual Health Information Accumulator

Arrow Source: Assess Individual Action

Arrow Dest.: Request for Individual Health Information Accumulator

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Arrow Name: Request for Relevant Health Information

Arrow Definition: A request for health information about the individual from any source that is important to the current health service encounter. Includes information such as (1) historical and current health information; (2) results of diagnostic tests; and (3) collateral information of importance to the current health service encounter.

Arrow Source: Assess Individual Action

Arrow Dest.: { Border }

Arrow Source: Provide Health Care Action

Arrow Dest.: Assess Individual Trigger

SYNCHRONOUS TELE-CONSULT/MENTOR SCENARIO

Arrow Name: Consultation Order

Arrow Definition: A health service order that requests the opinion or collaboration from another health care provider concerning an individual's diagnosis or care plan.

Arrow Source: Assess Individual (Requester) Router

Arrow Dest.: Consultation Facility

Arrow Source: Assess Individual (Requester) Router

Arrow Dest.: Acquire Individual (Requester) Accumulator

Arrow Dest.: Acquire Individual (Consultant) Accumulator

Arrow Name: Determination

Arrow Definition: A decision about the individual's health status or quantifiable change in health status, supported or imputed by gathered individual health information, frequently categorized to a named entity, disease, injury, or condition. Includes (1) customer problems and strengths; (2) the primary and secondary diagnoses; (3) any relevant diagnostic codes; (4) level of threat posed by the disease process or injury; (5) level of care required to treat the individual's condition; (6) the urgency of the need for care; and (7) whether the individual is a danger to self or others.

Arrow Source: Consultation Facility

Arrow Dest.: Assess Individual 2 (Requester) Accumulator

Arrow Source: Assess Individual (Consultant) Router

Arrow Name: Individual Schedule

Arrow Definition: The date, time, place, and provider for a health service encounter.

Arrow Source: Acquire Individual (Requester) Router

Arrow Dest.: Assess Individual 2 (Requester) Accumulator

Arrow Source: Acquire Individual (Consultant) Router

Arrow Dest.: Assess Individual (Consultant) Accumulator

Arrow Name: Relevant Health Information

Arrow Definition: Health information received about the individual from any source that is important to the current health service encounter. Includes information such as (1) historical and current health information; (2) results of diagnostic tests; and (3) collateral information of importance to the current health service encounter.

Arrow Source: Assess Individual 2 (Requester)

Arrow Dest.: Consultation Facility

Arrow Dest.: Assess Individual (Consultant) Accumulator

Arrow Name: Request For Evaluation

Arrow Definition: Command referral, self-referral or referral by another health care provider (including a consultation or tele-consultation) of an individual or information related to an individual for medical/ psychological evaluation.

Arrow Source: Assess Individual (Requester) Router

Arrow Dest.: Consultation Facility

Arrow Dest.: Acquire Individual (Consultant) Accumulator

Arrow Name: Request For Relevant Health Information

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Arrow Definition: A request for health information about the individual from any source that is important to the current health service encounter. Includes information such as (1) historical and current health information; (2) results of diagnostic tests; and (3) collateral information of importance to the current health service encounter.

Arrow Source: Consultation Facility

Arrow Dest.: Assess Individual 2 (Requester) Accumulator

Arrow Source: Assess Individual (Consultant) Router

Arrow Name: Resource Assignment

Arrow Definition: The assignment of a specific resource to an individual health service encounter, for example a specific OR suite or doctor.

Arrow Source: Consultation Facility

Arrow Dest.: Acquire Individual (Requester) Accumulator

Arrow Source: Acquire Individual (Consultant) Router

Arrow Name: Resource Requirement

Arrow Definition: People, equipment, supplies, facilities, and automated systems needed to execute a health service.

Arrow Source: Acquire Individual (Requester) Router

Arrow Dest.: Consultation Facility

Arrow Dest.: Acquire Individual (Consultant) Accumulator 2

ASYNCHRONOUS TELE-CONSULTATION SCENARIO

Arrow Name: Consultation Order

Arrow Definition: A health service order that requests the opinion or collaboration from another health care provider concerning an individual's diagnosis or care plan.

Arrow Source: Assess Individual (Requester) Router

Arrow Dest.: Consultant Facility

Arrow Dest.: Acquire Individual (Consultant) Accumulator

Arrow Name: Determination

Arrow Definition: A decision about the individual's health status or quantifiable change in health status, supported or imputed by gathered individual health information, frequently categorized to a named entity, disease, injury, or condition. Includes (1) customer problems and strengths; (2) the primary and secondary diagnoses; (3) any relevant diagnostic codes; (4) level of threat posed by the disease process or injury; (5) level of care required to treat the individual's condition; (6) the urgency of the need for care; and (7) whether the individual is a danger to self or others.

Arrow Source: Consultant Facility

Arrow Dest.: Assess Individual 2 (Requester) Accumulator

Arrow Source: Assess Individual (Consultant) Router

Arrow Name: Individual Schedule

Arrow Definition: The date, time, place, and provider for a health service encounter.

Arrow Source: Acquire Individual (Consultant)

Arrow Dest.: Assess Individual (Consultant) Accumulator

Arrow Name: Relevant Health Information

Arrow Definition: Health information received about the individual from any source that is important to the current health service encounter. Includes information such as (1) historical and current health information; (2) results of diagnostic tests; and (3) collateral information of importance to the current health service encounter.

Arrow Source: Assess Individual (Requester) Router

Arrow Dest.: Consultant Facility

Arrow Source: Assess Individual 2 (Requester)

Arrow Dest.: Assess Individual (Consultant) Accumulator

Arrow Dest.: Assess Individual (Consultant) Accumulator

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Arrow Name: Request For Evaluation

Arrow Definition: Command referral, self-referral or referral by another health care provider (including a consultation or tele-consultation) of an individual or information related to an individual for medical/ psychological evaluation.

Arrow Source: Assess Individual (Requester) Router

Arrow Dest.: Consultant Facility

Arrow Dest.: Acquire Individual (Consultant) Accumulator

Arrow Name: Request For Relevant Health Information

Arrow Definition: A request for health information about the individual from any source that is important to the current health service encounter. Includes information such as (1) historical and current health information; (2) results of diagnostic tests; and (3) collateral information of importance to the current health service encounter.

Arrow Source: Consultant Facility

Arrow Dest.: Assess Individual 2 (Requester) Accumulator

Arrow Source: Assess Individual (Consultant) Router

EN ROUTE CARE SCENARIO

Arrow Name: Care Results

Arrow Definition: Documentation of clinical information resulting from a health care service provided to an individual. This may include 1) Description of the chosen technique, 2) preparation results, 3) clinical test results, and 4) therapeutic procedure results.

Arrow Source: Provide Health Care 2 (Evac)

Arrow Dest.: Provide Health Care 2 (Evac) Router

Arrow Name: Determination

Arrow Definition: A decision about the individual's health status or quantifiable change in health status, supported or imputed by gathered individual health information, frequently categorized to a named entity, disease, injury, or condition. Includes (1) customer problems and strengths; (2) the primary and secondary diagnoses; (3) any relevant diagnostic codes; (4) level of threat posed by the disease process or injury; (5) level of care required to treat the individual's condition; (6) the urgency of the need for care; and (7) whether the individual is a danger to self or others.

Arrow Source: Assess Individual (Evac)

Arrow Dest.: Assess Individual (Evac) Router

Arrow Source: Assess Individual 2 (Evac) Router

Arrow Dest.: Provide Health Care 2 (Evac) Router

Arrow Source: Assess Individual (Destination)

Arrow Dest.: Acquire Individual 2 (Destination)

Arrow Name: Disposition Results

Arrow Definition: Information about the place or organization (such as "RTD" or "Quarters") to which an individual has been directed at the conclusion of a health service encounter.

Arrow Source: Evacuation Platform

Arrow Dest.: Destination Facility

Arrow Source: Effect Disposition (Evac)

Arrow Dest.: Provide Health Care 2 (Evac) Router

Arrow Name: Evacuation Order

Arrow Definition: A health service order directing the movement of an individual from the current medical treatment location to a location that can more appropriately deal with the individuals needs.

Arrow Source: Assess Individual (Originator)

Arrow Dest.: Acquire Individual (Originator)

Arrow Name: Health Service Orders

Arrow Definition: Directives to provide health services, including recommended preventive health services.

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Arrow Source: Evacuation Platform
Arrow Dest.: Evacuation Platform
Arrow Source: Assess Individual 2 (Originator) Router
Arrow Dest.: Destination Facility
Arrow Source: Assess Individual 2 (Evac) Router
Arrow Dest.: Provide Health Care (Destination)
Arrow Dest.: Provide Health Care (Evac) Accumulator

Arrow Name: Individual Schedule
Arrow Definition: The date, time, place, and provider for a health service encounter.
Arrow Source: Acquire Individual 2 (Originator)
Arrow Dest.: Assess Individual 2 (Originator)
Arrow Source: Acquire Individual (Evac)
Arrow Dest.: Assess Individual (Evac) Accumulator
Arrow Source: Acquire Individual (Destination)
Arrow Dest.: Assess Individual (Destination) Accumulator

Arrow Name: Relevant Health Information
Arrow Definition: Health information received about the individual from any source that is important to the current health service encounter. Includes information such as (1) historical and current health information; (2) results of diagnostic tests; and (3) collateral information of importance to the current health service encounter.
Arrow Source: Evacuation Platform
Arrow Dest.: Destination Facility
Arrow Source: Assess Individual 2 (Originator) Router
Arrow Dest.: Evacuation Platform
Arrow Source: Provide Health Care 2 (Evac) Router
Arrow Dest.: Assess Individual (Evac) Accumulator
Arrow Dest.: Assess Individual (Destination) Accumulator

Arrow Name: Request For Evaluation
Arrow Definition: Command referral, self-referral or referral by another health care provider (including a consultation or tele-consultation) of an individual or information related to an individual for medical/ psychological evaluation.
Arrow Source: Assess Individual 2 (Originator) Router
Arrow Dest.: Evacuation Platform
Arrow Source: Assess Individual 2 (Evac) Router
Arrow Dest.: Acquire Individual (Evac)
Arrow Dest.: Acquire Individual (Destination)

Arrow Name: Transfer Receipt
Arrow Definition: Confirmation from the receiving medical treatment facility that the responsibility for the management of an individual's health care has been accepted.
Arrow Source: Evacuation Platform
Arrow Dest.: Evacuation Platform
Arrow Source: Destination Facility
Arrow Dest.: Effect Disposition (Originator)
Arrow Source: Acquire Individual 2 (Evac)
Arrow Dest.: Effect Disposition 2 (Evac)
Arrow Source: Acquire Individual 2 (Destination)

CLINICAL LABORATORY CONSULT SCENARIO

Arrow Name: Clinical Test Results
Arrow Definition: Documented results of clinical tests performed either internal or external to the medical treatment facility.

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Arrow Source: Reference Clinical Laboratory
Arrow Dest.: Assess Individual 2 (Ref Lab)
Arrow Source: Provide Health Care (Ref Lab)
Arrow Dest.: Assess Individual 2 (Originator)
Arrow Source: Assess Individual 2 (Ref Lab)

Arrow Name: Determination

Arrow Definition: A decision about the individual's health status or quantifiable change in health status, supported or imputed by gathered individual health information, frequently categorized to a named entity, disease, injury, or condition. Includes (1) customer problems and strengths; (2) the primary and secondary diagnoses; (3) any relevant diagnostic codes; (4) level of threat posed by the disease process or injury; (5) level of care required to treat the individual's condition; (6) the urgency of the need for care; and (7) whether the individual is a danger to self or others.

Arrow Source: Assess Individual (Ref Lab) Router
Arrow Dest.: Provide Health Care (Ref Lab)

Arrow Name: Diagnostic Order

Arrow Definition: A health service order that directs the execution of a diagnostic procedure. The health service order includes communication about a set of activities or precautions that must be followed before a diagnostic or medical test can be performed (e.g., fasting prior to glucose testing).

Arrow Source: Assess Individual (Originator) Router
Arrow Dest.: Reference Clinical Laboratory
Arrow Source: Assess Individual (Origin Lab) Router
Arrow Dest.: Acquire Individual (Origin Lab) Accumulator
Arrow Dest.: Acquire Individual (Ref Lab) Accumulator

Arrow Name: Diagnostic Specimen Registration

Arrow Definition: The unique identification of a biological specimen used to ensure chain of custody.

Arrow Source: Provide Health Care (Origin Lab)
Arrow Dest.: Reference Clinical Laboratory
Arrow Dest.: Acquire Individual (Ref Lab) Accumulator

Arrow Name: Individual Schedule

Arrow Definition: The date, time, place, and provider for a health service encounter.

Arrow Source: Acquire Individual (Origin Lab)
Arrow Dest.: Assess Individual (Origin Lab)
Arrow Source: Acquire Individual (Ref Lab) Router
Arrow Dest.: Assess Individual (Ref Lab)

Arrow Name: Request For Evaluation

Arrow Definition: Command referral, self-referral or referral by another health care provider (including a consultation or tele-consultation) of an individual or information related to an individual for medical/ psychological evaluation.

Arrow Source: Assess Individual (Originator) Router
Arrow Dest.: Reference Clinical Laboratory
Arrow Source: Assess Individual (Origin Lab) Router
Arrow Dest.: Acquire Individual (Origin Lab) Accumulator
Arrow Dest.: Acquire Individual (Ref Lab) Accumulator

Arrow Name: Specimen Collection Order

Arrow Definition: A health service order that directs the collection of a biological specimen. The health service order includes communication about a set of activities or precautions that must be followed before the biological specimen can be collected (e.g., fasting prior to collecting a blood sample).

Arrow Source: Reference Clinical Laboratory
Arrow Dest.: Provide Health Care (Origin Lab)

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Arrow Source: Assess Individual (Origin Lab) Router
Arrow Dest.: Acquire Individual (Origin Lab) Accumulator 2
Arrow Source: Assess Individual (Ref Lab) Router

Arrow Name: Transfer Receipt
Arrow Definition: Confirmation from the receiving medical treatment facility that the responsibility for the management of an individual's health care has been accepted.
Arrow Source: Reference Clinical Laboratory
Arrow Dest.: Acquire Individual 2 (Origin Lab)
Arrow Source: Acquire Individual (Ref Lab) Router

REMOTE HEALTH SERVICE REFERRAL SCENARIO

Arrow Name: Care Results
Arrow Source: Provide Health Care (Support)
Arrow Dest.: Assess Individual 2 (Support)

Arrow Name: Clinical Test Results
Arrow Definition: Documented results of clinical tests performed either internal or external to the medical treatment facility.
Arrow Source: Support Node
Arrow Dest.: Assess Individual 3 (Originator) Accumulator
Arrow Source: Assess Individual 2 (Support) Router

Arrow Name: Determination
Arrow Source: Assess Individual (Support) Router
Arrow Dest.: Provide Health Care (Support) Accumulator

Arrow Name: Health Service Order
Arrow Definition: Directives to provide health services, including recommended preventive health services.
Arrow Source: Assess Individual (Originator) Router
Arrow Dest.: Support Node
Arrow Dest.: Provide Health Care (Support) Accumulator

Arrow Name: Individual Schedule
Arrow Source: Acquire Individual (Support)
Arrow Dest.: Assess Individual (Support) Accumulator

Arrow Name: Relevant Health Information
Arrow Definition: Health information received about the individual from any source that is important to the current health service encounter. Includes information such as (1) historical and current health information; (2) results of diagnostic tests; and (3) collateral information of importance to the current health service encounter.
Arrow Source: Support Node
Arrow Dest.: Assess Individual (Support) Accumulator
Arrow Source: Assess Individual 2 (Originator)
Arrow Dest.: Assess Individual (Support) Accumulator
Arrow Source: Assess Individual (Originator) Router

Arrow Name: Request For Evaluation
Arrow Definition: Command referral, self-referral or referral by another health care provider (including a consultation or tele-consultation) of an individual or information related to an individual for medical/ psychological evaluation.
Arrow Source: Assess Individual (Originator) Router
Arrow Dest.: Support Node
Arrow Dest.: Acquire Individual (Support)

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Arrow Name: Request for Relevant Health Information

Arrow Definition: A request for health information about the individual from any source that is important to the current health service encounter. Includes information such as (1) historical and current health information; (2) results of diagnostic tests; and (3) collateral information of importance to the current health service encounter.

Arrow Source: Assess Individual (Support) Router

Arrow Dest.: Support Node

Arrow Dest.: Assess Individual 2 (Originator)

Arrow Name: Therapeutic Results

Arrow Definition: Documentation of clinical information resulting from the providing of a therapeutic health service to an individual.

Arrow Source: Support Node

Arrow Dest.: Assess Individual 3 (Originator) Accumulator

Arrow Source: Assess Individual 2 (Support) Router



ARMY MEDICAL DEPARTMENT CENTER AND SCHOOL

Operational Architecture

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AMEDD-OA-0002

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